

Case Number:	CM15-0040436		
Date Assigned:	03/11/2015	Date of Injury:	10/09/2002
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial injury to the low back on 10/9/02. Previous treatment included medications, epidural steroid injections and home exercise. In a progress note dated 1/15/15, the physician noted that the injured worker's leg pain remained essentially gone following an epidural steroid injection in May 2014, with occasional left thigh twinges. The injured worker reported that medications kept residual back pain under control, allowing him to stay active, functional and working full-time. Physical exam was remarkable for lumbar spine with tenderness to palpation over the lower lumbar segments and left myofascial area with improved discomfort with range of motion. Current diagnoses included left lumbar 5 radiculopathy. The treatment plan included continuing medications (Ibuprofen, Norco, Oxycontin, Skelaxin and Valium).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg Qty: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. Previous treatment included medications, epidural steroid injections and home exercise. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.

Retrospective Dos 1/15/2015: Oxycontin 30mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. Previous treatment included medications, epidural steroid injections and home exercise. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of oxycontin is not substantiated in the records.

Retrospective Dos 1/15/2015: Valium 10mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 5th Edition, 2007 or current year, Pain (Chronic) Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 24.

Decision rationale: Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit of 1/15 does not document any significant improvement in pain or

functional status or a discussion of side effects to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity.