

Case Number:	CM15-0051627		
Date Assigned:	03/25/2015	Date of Injury:	11/08/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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: California
 Certification(s)/Specialty: Internal 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:

The injured worker is a 24 year old male, who sustained an industrial injury on November 8, 2011. He reported shoulder pain. The injured worker was diagnosed as having cervical and thoracic strain, lumbago, backache, thoracic disc displacement, arthropathy, rotator cuff syndrome, back pain, shoulder pain, neck pain and cervicgia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, left shoulder pain, low back pain and occipital neuralgia. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 19, 2014, revealed continued pain as noted. Pain medications and a muscle relaxer was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Pages 74-96. Weaning of Medications Page 124. Oxycodone/Acetaminophen (Percocet) Page 92. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet <http://www.drugs.com/pro/percocet.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. For opioids, a slow taper is recommended. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. Medical records document the diagnoses of left shoulder pain, cervical pain, low back pain, and occipital neuralgia. Left shoulder surgery was performed in August 2012. The primary treating physician's progress report dated 2/12/15 documented a 9/10 pain level. Medical records document objective physical examination findings. The treating physician documented the treatment plan to taper the Percocet. MTUS guidelines recommend a slow taper for opioid medications. The request for Percocet 5/325 mg #90 taper is supported by MTUS guidelines. Therefore, the request for Percocet 5/325 mg #90 is medically necessary.

Valium 10mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepine Valium (Diazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the request for Valium is not supported. Therefore, the request for Valium is not medically necessary.

