

Case Number:	CM15-0240320		
Date Assigned:	12/17/2015	Date of Injury:	07/01/2000
Decision Date:	01/22/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 7-1-00. Current diagnoses or physician impression-assessment includes cervical radiculopathy and facet arthropathy and post C7 fusion. Notes dated 9-24-15 and 10-29-15 reveals the injured worker presented with complaints of constant neck pain described as achy and sharp that radiates to her bilateral shoulders down to her hands accompanied by weakness, numbness and tingling and is rated at 8-9 out of 10. She also reports sleep disturbance. Physical examinations dated 9-24-15 and 10-29-15 revealed tenderness and trigger points of the bilateral trapezius muscles and the lower cervical paraspinal musculature, spasms, and guarding are noted. The axial head compression and Spurling's are positive. There is facet tenderness at C3-C7. Cervical spine and bilateral shoulder range of motion is decreased. Treatment to date has included daily exercise and stretching. Her medication regimen includes Percocet (3-2015) and Valium (9-2015), and per note dated 10-29-15, they are not helping as much. Diagnostic studies include cervical spine CT scan. A cervical spine MRI revealed mild to moderate bilateral facet arthropathy at C5-C6, left greater than right, and left foraminal stenosis; mild bilateral foraminal stenosis at C6-C7 and post-surgical fusion with spinous process at C7 and T1, per physician note dated 10-29-15. A urine toxicology screen dated 10-29-15 revealed creatinine level of 17.5 and positive for Noroxycodone, Oxycodone, Oxymorphone and Temazepam. A request for authorization dated 11-12-15 for Percocet 10-325 mg #160, Valium 10 mg #30 and urine toxicology screen is non-certified, per Utilization Review letter dated 11-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase Percocet 10/325 mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in July 2000 and is being treated for radiating neck pain. She has a history of a C7 fusion and T12 laminectomy. An MRI of the cervical spine in September 2015 included findings of C5/6 facet arthropathy with left foraminal stenosis and mild foraminal stenosis at C6/7. When seen in October 2015, pain was rated at 8-9/10. Medications were not helping as much with her pain. Physical examination findings included a normal body mass index. There was cervical and bilateral trapezius muscle tenderness with spasms, guarding, and trigger points. Spurling and axial compression tests were positive. There was decreased cervical spine range of motion. There was multilevel facet tenderness. There was decreased bilateral shoulder range of motion. Upper extremity sensation and strength was decreased bilaterally. Authorization for a cervical epidural steroid injection was requested. Percocet and Valium were refilled. Repeat urine drug screening was performed. Testing had been done in September 2015 and had been consistent. The claimant's SOAPP-R score was over 19. Urine drug screening was also done in May 2015 and July 2015. Percocet (Oxycodone/Acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Pharmacy purchase of Valium 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in July 2000 and is being treated for radiating neck pain. She has a history of a C7 fusion and T12 laminectomy. An MRI of the cervical spine in September 2015 included findings of C5/6 facet arthropathy with left foraminal stenosis and mild foraminal stenosis at C6/7. When seen in October 2015, pain was rated at 8-9/10. Medications were not helping as much with her pain. Physical examination findings included a normal body mass index. There was cervical and

bilateral trapezius muscle tenderness with spasms, guarding, and trigger points. Spurling and axial compression tests were positive. There was decreased cervical spine range of motion. There was multilevel facet tenderness. There was decreased bilateral shoulder range of motion. Upper extremity sensation and strength was decreased bilaterally. Authorization for a cervical epidural steroid injection was requested. Percocet and Valium were refilled. Repeat urine drug screening was performed. Testing had been done in September 2015 and had been consistent. The claimant's SOAPP-R score was over 19. Urine drug screening was also done in May 2015 and July 2015. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in July 2000 and is being treated for radiating neck pain. She has a history of a C7 fusion and T12 laminectomy. An MRI of the cervical spine in September 2015 included findings of C5/6 facet arthropathy with left foraminal stenosis and mild foraminal stenosis at C6/7. When seen in October 2015, pain was rated at 8-9/10. Medications were not helping as much with her pain. Physical examination findings included a normal body mass index. There was cervical and bilateral trapezius muscle tenderness with spasms, guarding, and trigger points. Spurling and axial compression tests were positive. There was decreased cervical spine range of motion. There was multilevel facet tenderness. There was decreased bilateral shoulder range of motion. Upper extremity sensation and strength was decreased bilaterally. Authorization for a cervical epidural steroid injection was requested. Percocet and Valium were refilled. Repeat urine drug screening was performed. Testing had been done in September 2015 and had been consistent. The claimant's SOAPP-R score was over 19. Urine drug screening was also done in May 2015 and July 2015. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant has an elevated SOAPP-R score. However, urine drug screening has been done at least three times in the past 12 months. There is no active substance abuse disorder. Further risk stratification would be needed to justify monthly testing and the claimant's last urine drug screening in September 2015 was consistent. For these reasons, the request cannot be accepted as being medically necessary.