

Case Number:	CM15-0245043		
Date Assigned:	12/24/2015	Date of Injury:	08/20/1998
Decision Date:	01/29/2016	UR Denial Date:	12/11/2015
Priority:	Standard	Application Received:	12/16/2015

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: Preventive Medicine, Occupational 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 65 year old male who sustained an industrial injury on 8-20-1998. A review of medical records indicates the injured worker is being treated for degeneration of lumbar or lumbosacral intervertebral disc, lumbago, and postlaminectomy syndrome of lumbar region. Medical records dated 12-1-2015 noted problems with his neck. Pain scale was unavailable. He does have limited walking and has been treated with acupuncture, aquatic, chiropractic care, and injections. Physical examination noted decreased sensation along the outside of the left leg. Medications have included Norco, Oxycodone, and Valium since at least 1-12-2015. Utilization review form dated 12-11-2015 modified Oxycodone 30mg #90 and Norco 7.5 mg #90, and noncertified Valium 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, Oxycodone was previously denied due to a lack of documented functional benefit. The treating physician has since provided objective evidence of functional improvement with the use of this medication. However, the request for 90 tablets and one refill is not supported. This does not allow for close follow-up to monitor for efficacy and/or side effects. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 30mg #90 with 1 refill is determined to not be medically necessary.

Valium 5mg #60 with 1 refill: 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): Benzodiazepines, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker has been prescribed Valium since January, 2015 which is not supported by the guidelines. Valium has previously been recommended for weaning purposes only. Additionally, the request for one refill does not allow for close follow-up to monitor efficacy and/or side effects. The request for Valium 5mg #60 with 1 refill is determined to not be medically necessary.

Norco 7.5mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on

non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the treating physician has provided objective evidence of functional improvement with the use of this medication. However, the request for 90 tablets and one refill is not supported. This does not allow for close follow-up to monitor for efficacy and/or side effects. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 7.5mg #90 with 1 refill is determined to not be medically necessary.