

Case Number:	CM14-0118109		
Date Assigned:	09/03/2014	Date of Injury:	03/02/2006
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 66-year-old female with a 3/2/06 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/13/14, the patient stated that her symptoms were similar to previous visits. She complained of severe axial spine pain that radiated into buttocks and sacroiliac joints and also had right shoulder pain. She has benefited from shoulder injections and sacroiliac joint injections. Her medications are well tolerated and help to keep pain manageable. Objective findings: axial tenderness to lumbar palpation, painful lumbar ROM, significant tenderness to palpation over bilateral sacroiliac joint, piriformis and trochanter, right shoulder tender to palpation, discomfort with right shoulder ROM. Diagnostic impression: right shoulder impingement, failed back surgery syndrome, bilateral sacroiliac joint pain. Treatment to date: medication management, activity modification, surgery, injections. A UR decision dated 7/17/14 modified the requests for Percocet from 240 tablets to 36 tablets and Valium from 90 tablets to 8 tablets for weaning purposes. Regarding Percocet, despite a recent shoulder injection and long-term use of medications, the patient demonstrated very little improvement in pain. Regarding Valium, records reveal the patient has been using Valium since at least 12/20/13. Since the patient has a history of use over 4 weeks, which is the limit the guidelines recommend, a prescription of Valium is not appropriate for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, according to the most recent report, dated 3/13/14, the patient stated that her symptoms had remained the same as previous visits. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the patient is also taking Valium. The combined use of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for Percocet 10/325mg #240 is not medically necessary.

Valium 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. According to the progress reports reviewed, the patient has been taking Valium since at least 12/20/13. Guidelines do not support the long-term use of benzodiazepine medications. In addition, the patient is also taking the opioid medications, Percocet and Oxycontin. The combined use of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for Valium 5mg #90 is not medically necessary.