

Case Number:	CM14-0144646		
Date Assigned:	09/12/2014	Date of Injury:	11/30/1976
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/07/2014

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 Pain Management 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:

The injured worker is an 84 year old female. She sustained work-related injuries to her low back on November 30, 1976 while performing her usual and customary duties as a registered nurse for [REDACTED]. She is status post stable laminectomy from L3 through L5-S1 with posterolateral fusion. However, no specific date of the procedure was mentioned in the available medical reports. Progress reports dated March 4, 2014, April 2, 2014 and May 6, 2014 noted complaints of low back pain rated as 5/10. The pain occasionally radiates to the right leg. Physical exam findings were unremarkable and it was noted that her pain is stable and well-controlled with her current pain regimen. A urine drug screen performed on March 4, 2014 and April 2, 2014 confirmed findings of oxycodone. The urine drug screen performed on May 6, 2014 showed negative findings. A progress report dated June 3, 2014 indicated that the injured worker complained of increased low back pain due to a recent fall where she landed on her back at the surgical site. She went to the emergency room and got a magnetic resonance imaging scan. She also explained that Vicodin has not been helping her with her pain. Her pain level during this evaluation was 9/10. Oxycontin and Valium were renewed and Vicodin was discontinued. A urine drug screen was performed and showed positive findings of Hydrocodone, Hydromorphone, Morphine, Oxycodone, and Oxymorphone. A progress report dated July 2, 2014 indicated that the injured worker's pain has been reducing after prescribed therapies. According to the report, the injured worker's pain is stable with her current medical regimen. Renewal of Norco, Oxycontin and Valium was requested. According to the progress report by the treating physician dated July 30, 2014, the injured worker complained of low back pain that was rated as 5/10. The injured worker expressed she would like to taper down from Norco to Vicodin. Physical examination findings were significant for normal gait. Sensory was intact to

pinprick and vibration. Norco was discontinued and a prescription was provided for Oxycontin, Valium and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; On Going Management Page(s): 78; 80-82.

Decision rationale: The California Medical Treatment Utilization Schedule chronic pain guidelines indicate that for opioids like Vicodin, the provider should conduct on-going monitoring using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The pain assessment should include: Current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Within the medical records provided for review, the requesting physician did not include an adequate documented assessment of the injured worker's pain including the least reported pain over the period since the last assessment, intensity of pain after taking Vicodin, how long it takes for pain relief, and how long the pain relief lasts. Although the injured worker has undergone urine drug screens for medication compliance monitoring, there was no adequate evidence of significant objective functional improvement with the use of Vicodin nor was there any assessment indicating if the injured worker had side effects with medication or a lack thereof. Therefore, it can be concluded that the medical necessity of Vicodin 5/300 mg is not medically necessary.

Valium 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 78.

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

Decision rationale: The California Medical Treatment Utilization Schedule indicates that benzodiazepines, including Valium, are not recommended for long-term use since long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use for up to 4 weeks only. According to the medical records provided for review, Valium does not appear to be making any difference in the injured worker's pain and the injured worker has been taking this medication since at least March. There is no reporting of this medication decreasing the injured worker's pain levels or improving function or quality of life. Valium has not been shown to provide a satisfactory response by Medical Treatment Utilization Schedule standards as per

documentation. Hence, it cannot be recommended to be continued. It can be concluded that the medical necessity of Valium 5 mg is not medically necessary.

Oxycontin Extended Release 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Ongoing Management; Opioids for Chronic Pain Page(s): 74; 78; 80-82.

Decision rationale: The California Medical Treatment Utilization Schedule chronic pain guidelines indicate that Oxycontin may be recommended for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, the referenced guidelines recommend that for opioids like Oxycontin, the provider should conduct on-going monitoring using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The pain assessment should include: Current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Within the medical records provided for review, the requesting physician did not include an adequate documented assessment of the injured worker's pain including the least reported pain over the period since the last assessment, intensity of pain after taking Oxycontin, how long it takes for pain relief, and how long the pain relief lasts. Although the injured worker has undergone urine drug screens for medication compliance monitoring, there was no adequate evidence of significant objective functional improvement with the use of Oxycontin nor was there any assessment indicating if the injured worker had side effects with medication or a lack thereof. Therefore, it can be concluded that the medical necessity of Oxycontin extended release 10 mg is not medically necessary.