

Case Number:	CM14-0147371		
Date Assigned:	09/15/2014	Date of Injury:	10/27/2002
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 a 35-year-old female who reported an injury on 10/27/2002. The injured worker was helping an elderly patient up from a kneeling position when she felt a sudden onset of back pain in the lower part of her back and lumbar region. The injured worker's prior treatment history included medications, urine drug screen, and physical therapy. The injured worker has been using opiates since 2002. The injured worker was evaluated on 05/23/2014. It was documented that the injured worker was being treated for recent flare up of low back pain with residual weakness and more extensive numbness and tingling in the extremities. The injured worker stated her methadone was down to about 1 and a half tablets per day. On examination, the provider noted the injured worker was well groomed and much better than the last time when she could barely talk but appears in pain. Her face was much less drawn. Medications included diazepam 5 mg, alprazolam 0.2 mg, methadone HCL 10 mg, oxycodone HCL 30 mg, vitamin D3 5000 units, and hydrocodone/ACET 10/325 mg. Diagnoses included back pain, lumbago, osteoarthritis, and adjustment disorder with mixed anxiety and depressed mood. The provider noted the medicine and decreased significantly the amount of methadone. The provider decided to stop the trazodone and Ambien and restart her on Valium and tried taking the injured worker to half a tablet or less if this helps relieve the injured worker's anxiety overall. Request for Authorization dated 05/27/2014 was for oxycodone HCL 30 mg and diazepam 5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycodone HCL 30mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; When to Continue Opioids; When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. The request failed to include frequency and duration of medication. As such, the request for 1 prescription for Oxycodone HCL 30mg, #120 is not medically necessary.

1 prescription for Diazepam 5mg: Upheld

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

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

Decision rationale: The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend benzodiazepines for long term use, long term use is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there was lack of documentation on the injured worker using the VAS (visual analog scale) scale to measure functional improvement after the injured worker takes the medication. The request failed to include frequency, duration, and quantity of the medication. As such, the request for 1 prescription for Diazepam 5mg is not medically necessary.