

Case Number:	CM14-0156475		
Date Assigned:	09/26/2014	Date of Injury:	03/29/2000
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 Iowa. 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 patient is a 48 year old female with a date of injury of 3/29/2000. A review of the medical documentation indicates that the patient is undergoing treatment for chronic low back pain. Past diagnoses include fibromyalgia and psychiatric evaluation, although the records did not contain recent evaluations for these conditions. Subjective complaints (8/22/2014 and 9/10/2014) include severe low back pain and difficulty getting out of bed and with walking, rating pain at a 4-5/10 level. Objective findings (8/22/2014 and 9/10/2014) include moderate distress with walking. The patient has received imaging studies including EMG and MRI, although detailed results were not available for review. The patient has previously undergone back surgery, but detailed results were not available for review. A utilization review dated 9/10/2014 did not certify the request for Oxycodone 15 mg #270 and Valium 5 mg #120, and modified the request for Methadone 10 mg #120 to Methadone 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Oxycodone is the generic version of Oxycontin, which is in the opioid class. According to MTUS chronic pain guidelines, opioids should be used on a trial basis after failure of first-line therapies and re-evaluated regularly. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate use, and side effects. Satisfactory response to treatment should be indicated including decreased pain, increased functional status, or improved quality of life. ODG guidelines do not recommend use of opioids for low back pain except in short use for severe cases, not to exceed two weeks. The patient appears to have been on this medication for several months, which is in excess of what would be considered short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement or documented trials and failures of first line therapies. The documentation states that the patient continues to have severe pain and decreased functional status despite this pain medication regimen. Therefore, the request for Oxycodone 15 mg #270 is not medically necessary.

1 prescription of Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: Methadone an opioid class pain medication. According to MTUS chronic pain guidelines, opioids should be used on a trial basis after failure of first-line therapies and re-evaluated regularly. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate use, and side effects. Satisfactory response to treatment should be indicated including decreased pain, increased functional status, or improved quality of life. ODG guidelines do not recommend use of opioids for low back pain except in short use for severe cases, not to exceed two weeks. The patient appears to have been on this medication for several months, which is in excess of what would be considered short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement or documented trials and failures of first line therapies. The documentation states that the patient continues to have severe pain and decreased functional status despite this pain medication regimen. Therefore, the request for Methadone 10 mg #120 is not medically necessary.

1 prescription of Valium 5mg #120: Upheld

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

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

Decision rationale: Valium is a benzodiazepine. According to MTUS chronic pain guidelines, benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of benzodiazepines to four weeks. There appears to be little benefit for the use of this class of drug over non-benzodiazepines for the treatment of chronic pain. The patient appears to have been on this medication for several months, which is in excess of what would be considered short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement or documented trials and failures of first line therapies. The documentation states that the patient continues to have severe pain and decreased functional status despite this pain medication regimen. Therefore, the request for Valium 5 mg #120 is not medically necessary.