MAXIMUS Federal Services

Case Number:	CM14-0162542		
Date Assigned:	10/07/2014	Date of Injury:	08/20/1998
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 08/20/1998. The mechanism of injury was not clearly indicated. The injured worker's diagnoses includes lumbago, post-laminectomy syndrome of the lumbar region, depressive disorder, and chronic back pain. His past treatments included the use of urine drug screens, medications, a lumbar back support, acupuncture, aquatic therapy, chiropractic therapy, injections, transcutaneous electrical nerve stimulation, and surgeries. The injured worker's diagnostic exams included CT scans, MRIs, and a myelogram of the lumbar spine. The injured worker's surgical history included a L4-5 IDET, a fusion of the L3-4 and L5-S1 and a fusion with instrumentation of L5-S1. On 07/14/2014, the injured worker complained of back pain with spasms that got worse during cold weather. He rated his pain as 6/10 with medications. The injured worker had ongoing numbness to the left 2 through 5 toes. The physical exam revealed pain on the right at the lumbar spine area and slightly gluteal. The Pain was burning in quality and the injured worker shifted his position every 10 minutes. A straight leg raise was positive mildly on the left side. The physical exam also revealed that the injured worker's gait was slow, but he kept himself bent forward. His medications included Hydrocodone 10 mg, Oxycodone 30 mg, and Valium 5 mg. The treatment plan consisted of decreasing the frequency of use of the medications, core work, and stretching with consideration of a facet block and injections around the hardware. A request was received for Hydrocodone/acetaminophen 10/325 mg #180 and Valium 5 mg #170. The Request for Authorization form was signed and submitted on 07/14/2014. The rationale for the request was not clearly indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325mg, qty: 180 is not medically necessary. The California MTUS guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the four domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Based on the clinical notes, the injured worker complained of back pain associated with spasms. He rated his pain as 6/7-10 on the pain scale. He also reported that his pain was 6-10 with medications. The clinical notes indicated that the injured worker had been prescribed opioids for years. However, the clinical notes did not indicate quantitative pain scores across the treatment period that showed evidence of decreased pain and an increased functional ability. The continued use of opioids is based on documentation of pain relief, side effects, physical and psychosocial functioning. Although, the injured worker received some pain relief from the medication, his pain levels remain moderate to severe. Thus, the adoption of another medication is warranted, as the medication efficacy appears diminished. Additionally, the request failed to specify a frequency of dose. Therefore, due to evidence of long term use without any significant pain relief documented, lack of quantitative pain scores during the treatment period, and a lack of frequency of dose the request is not supported. However, the injured worker should be weaned off of the medication and not abruptly stopped, as withdrawal risk may increase. Thus, the request for Hydrocodone/Acetaminophen 10/325mg, qty: 180 is not medically necessary.

Valium 5mg, qty: 170: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines: (Anti-depressant) Page(s): 24, 66.

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

Decision rationale: The request for Valium 5 mg QTY: 170 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. Anxiolytic effects occurs within months and long term use may actually increase anxiety. Based on the clinical notes, the injured worker complained of back pain with spasms that were worse during cold weather. He reported his pain as 6/7-10 on the pain scale and

indicated that with his medications his pain was 6/10. The clinical notes indicated that the injured worker was using Valium for the treatment of spasms; however, the guidelines recommend use of benzodiazepines for the treatment of anxiety. Also, the clinical notes indicated that the injured worker has been prescribed Valium 5 mg since approximately 05/2014. This is not supported by the guidelines as the guidelines only recommend benzodiazepine use for up to 4 weeks. Long term use may lead to an increased risk of dependence and the efficacy of the medication may diminish. Therefore, due to lack of diagnosis indicating anxiety and evidence of long term use, the request is not supported. Additionally, the request failed to indicate a frequency of dose. Thus, the request for Valium 5 mg QTY: 170 is not medically necessary.