

Case Number:	CM14-0091774		
Date Assigned:	09/12/2014	Date of Injury:	05/21/2004
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/17/2014

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 and is licensed to practice in California & Washington. 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 67 year old female with a reported injury on 05/21/2004. The mechanism of injury was not provided. The injured worker's diagnoses included knee pain, myalgia, and joint pain in multiple joints. The injured worker's past treatments included medications. On the clinical note dated 05/22/2014, the injured worker complained of bilateral knee and intermittent low back pain. The injured worker stated that without medications she was unable to walk due to the pain. The injured worker stated with medication, she was able to care for her elderly mother. The injured worker stated side effects of the medications were low for her. The injured worker had an antalgic gait, with unsteady step and slight tremor at the knees upon weight bearing while in flexed extension. The medical records noted pitting edema on the bilateral knees. The medical records note that with NSAID usage the injured worker had ulcers. The medical records indicated a Urine Drug Test on 01/30/2014, was consistent with her medication regimen. The injured worker's medications included Ativan 1 mg tablet once daily, Oxycontin 10 mg tablet extended release every 12 hours, and Oxycodone 5 mg tablet twice a day. The request was for Oxycodone 5 mg #60, Oxycontin extended release 10 mg #60, and Ativan 1 mg #30. The rationale for the request was not provided. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management, Page(s): 78.

Decision rationale: The injured worker is diagnosed with knee pain, myalgia, and joint pain in multiple joints. The injured worker complained of bilateral knee pain and low back pain. The MTUS Chronic Pain Guidelines recommend an ongoing review of opioid medications with documentation of pain relief, functional status, appropriate medication usage, and side effects. The injured worker's medical records lacked the documentation of a complete pain assessment. The last urine drug screen was obtained on 01/30/2014, which was consistent with the medication regimen. The injured worker was stated to have side effects to medications, but they were low. Additionally, the guidelines recommend opioids for chronic back pain be limited for short term pain relief no greater than 16 weeks. The request does not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.

Oxycontin Extended-Release 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management, Page(s): 78.

Decision rationale: The injured worker is diagnosed with knee pain, myalgia, and joint pain in multiple joints. The injured worker complained of bilateral knee pain and low back pain. The MTUS Chronic Pain Guidelines recommend an ongoing review of opioid medications with documentation of pain relief, functional status, appropriate medication usage, and side effects. The injured worker's medical records lacked the documentation of a complete pain assessment. The last urine drug screen was obtained on 01/30/2014, which was consistent with the medication regimen. The injured worker was stated to have side effects to medications, but they were low. Additionally, the guidelines recommend opioids for chronic back pain be limited for short term pain relief no greater than 16 weeks. The request does not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.

Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The injured worker is diagnosed with knee pain, myalgia, and joint pain in multiple joints. The injured worker complained of bilateral knee pain and low back pain. The

MTUS Chronic Pain Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. The injured worker has been on Ativan 1 mg since 10/14/2013. There is a lack of documentation indicating the efficacy of the medication. The documentation does not indicate improved functional status with the medication. Nonetheless, the guidelines do not support the long-term use of benzodiazepines. Additionally, the request does not indicate the frequency of the medication. As such, the request is not medically necessary and appropriate.