

Case Number:	CM15-0012911		
Date Assigned:	01/30/2015	Date of Injury:	11/01/2012
Decision Date:	03/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male who sustained an industrial related injury on 1/11/12 after a fall. Multiple orthopedic traumatic injuries were noted including fracture of the foot, leg, coccyx, and lumbar spine. A herniated disc of the cervical spine with internal injuries and a closed head injury was also noted. The injured worker had complaints of back pain. Medication included OxyContin. Physical examination findings included antalgic gait, central lumbosacral tenderness, and decreased lumbar range of motion. Motor and sensory examinations in the lower extremities were grossly normal. The diagnosis was lumbar collapse at L5-S1 and posttraumatic stress disorder. The treating physician recommended authorization for MSContin 30mg #60 with 2 refills, Valium 5mg #30 with 1 refill, and Oxycodone 10mg #150 with 3 refills. On 1/13/15 the requests were non-certified. Regarding MSContin, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted long-term use of opiates is not supported. Therefore the request was non-certified. Regarding Valium, the UR physician cited the MTUS guidelines and noted benzodiazepines are not recommended for long-term use because long term efficacy is unproven and there is a risk of dependence. Regarding Oxycodone, the UR physician cited the MTUS guidelines and noted long-term use of opiates is not supported. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro- MS Contin 30mg #60 2 refills 12/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old male has complained of low back pain since date of injury 1/11/12. He has been treated with physical therapy, epidural steroid injection and medications to include opiates since at least 02/2014. The current request is for MS Contin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin is not indicated as medically necessary.

Retro- Valium 5mg #30 1 refill 12/30/14: Upheld

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

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

Decision rationale: This 45 year old male has complained of low back pain since date of injury 1/11/12. He has been treated with physical therapy, epidural steroid injection and medications. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of prescribed use in this patient exceeds the recommended time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.

Retro-Oxycodone 10mg #150 2 refills 12/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old male has complained of low back pain since date of injury 1/11/12. He has been treated with physical therapy, epidural steroid injection and medications to

include opiates since at least 02/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.