

Case Number:	CM15-0122677		
Date Assigned:	07/06/2015	Date of Injury:	08/20/1998
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 65 year old male injured worker suffered an industrial injury on 8/20/1998. The diagnoses included laminectomy syndrome, degeneration of lumbar intervertebral disc, chronic back pain, lumbago and depressive disorder. The injured worker had been treated with physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, surgery, medications and lumbar support. On 5/6/2015, the treating provider reported back pain with spasms rated 6 with medications. He had a lot of cramps associated with restless legs. He was able with medications to walk 1 mile, sit for 2 hours, and stand for 2 hours in 10 minute increments, 3 flights of stairs and light shores and 6 to 8 hours of sleep that was interrupted. Without medications, he was unable to do these activities and only sleeps 2 to 3 hours. The pain average is 6 to 7/10. On exam there was pain in the lumbar spine that was burning in quality. The straight leg raise was positive. There was decrease sensation along the outer side of the left leg and left side of laminectomy scar. The gait and station was slow but kept himself bent forward. The urine toxicology drug screens were appropriate. The injured worker had not returned to work. The treatment plan included Norco, Oxycodone and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long 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 documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included a detailed report of functional improvement and assessment for aberrant drug behavior with urine drug screens. There was no evidence of a comprehensive pain assessment and evaluation. The Morphine Equivalent Dose (MED) 157.5 that included Oxycodone exceeded the maximum allowable of 120. Therefore Norco was not medically necessary.

Oxycodone IR 30mg qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long 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 documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included a detailed report of functional improvement and assessment for aberrant drug behavior with urine drug screens. There was no evidence of a comprehensive pain assessment and evaluation. The Morphine Equivalent Dose (MED) 157.5 that included Norco exceeded the maximum allowable of 120. Therefore Oxycodone was not medically necessary.

Valium 5mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Benzodiazepines does not recommend them for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. The documentation provided did not include evidence of back spasms for which the medication was prescribed. There was no evidence of evaluation of efficacy or functional improvement. This medication had been used for at least 1 year. Therefore, Valium was not medically necessary.