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| Case Number: | CM15-0172012 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 04/30/2002 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has a filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 30, 2002. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve requests for OxyContin, oxycodone, and diazepam. The claims administrator referenced a May 20, 2015 progress note and an RFA form received on July 25, 2015 in its determination. A July 21, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On June 20, 2015, the applicant reported ongoing complaints of low back pain status post earlier laminectomy surgery. 10/10 pain without medications and 1/10 with medications was reported. The applicant was not working, it was acknowledged. In another section of note, it was stated the applicant had sharp and stabbing pain exacerbated by activities of daily living as basic as standing, walking, lifting, twisting, bending, squatting, pushing, and pulling. Lower extremity paresthesias were reported. The applicant was on Imitrex, OxyContin, oxycodone, Prilosec, Lyrica, estrogen, Valium, and Amrix. The applicant had undergone an earlier multilevel lumbar spine surgery, thoracic fusion surgery, and cervical fusion surgery, it was reported. The applicant denied any issues with depression, it was stated in review of systems section of the note. The applicant was using a cane to move about, it was acknowledged. Multiple medications were refilled. The applicant was described as having tested positive for marijuana. Multiple medications were renewed and/or continued. It was stated that Valium was being employed for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioid has been suggested for individuals who are engaged in illicit drug usage. Here, the attending provider acknowledged on June 23, 2015 the applicant was, in fact, using marijuana, an illicit substance. Discontinuation of opioid therapy with oxycodone, thus, was more appropriate option than continuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Oxycontin 40 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, it was reported on June 23, 2015. While the attending provider did recount a reported reduction in pain scores from 10/10 without medications to 1/10 with medications, these reports were, however, outweighed by the applicant's failure to return to the work and the attending provider's reports that the applicant was having difficulty performing activities as basic as standing, walking, lifting, bending, squatting, pushing, and pulling as of June 23, 2015. Therefore, the request was not medically necessary.

Diazepam 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Finally, the request for diazepam (Valium), a benzodiazepine agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as diazepam (Valium) are not recommended for long-term use purposes, with most guidelines limiting the usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anti-convulsant effect, or muscle relaxant effect. Here, thus, the renewal request for Valium at rate of two tablets daily, thus, ran counter to page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.