
Notice of Independent Medical Review Determination

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 10/4/2003
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001729

- 1) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Oxycodone 20mg #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Valium 20mg #70 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for prescription of Oxycodone 20mg #120 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for prescription of Valium 20mg #70 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

“Evaluation report dated 05/07/13 indicates that the claimant complains of low back pain from lumbar degenerative disc disease as well as intermittent lumbar radiculopathy. The claimant is status post lumbar fusion. The pain is located at the lumbosacral back with radiation primarily into the right lower extremity. The pain is described as sharp, aching with spasm as well as burning and shocking components. Pain is rated 5/10. The claimant has experienced this pain for greater than 5 years. The pain is alleviated by standing, sitting, lying down, and heat, as well as stretching, and aggravated by standing, sitting, bending, and driving. At the last visit, the provider had switched the claimant from Oxycodone 15mg three times per day to Oxycodone 20mg three times per day. The claimant reports this is helping significantly, but there are times that the claimant is in so much pain. The claimant did fall twice within the last month right onto the sacrum and coccyx region and did have weakness in the right leg for approximately 15 minutes afterward. The claimant does have intermittent radicular symptoms. Current medications include Oxycodone 20mg three times per day, Valium 10mg twice per day, Lyrica 150mg twice per day, and Lmitrex 50mg as needed. The claimant has a past medical history of depression, anxiety, lumbar degenerative disc disease, post laminectomy syndrome, and lumbar radiculopathy. The claimant has muscle spasm as well as muscle weakness in the right lower extremity. On exam, there is positive straight leg raise on the right side at approximately 45 degrees. There is 4/5 muscle strength at the right quadriceps and hamstrings. The provider recommends MRI of the lumbar spine and Oxycodone 20mg IR one by mouth three to four times per day as needed #105 with one refill.

MRI of the lumbar spine without contrast dated 05/22/13 reveals spinal fusion from L4 to S 1 secondary to an 11 mm spondylolisthesis at L5-S 1 caused by bilateral L5 pars defect. There is moderate to severe right foraminal stenosis at L5-S 1, moderate left foraminal stenosis at L5-S 1, and mild bilateral foraminal stenosis at L4-L5. At L3-L4, there is a 3.5 mm of posterior, mostly left-sided disc protrusion, with moderate left foraminal stenosis and mild left lateral recess stenosis and mild right foraminal stenosis.

Follow-up report dated 06/25/13 indicates that the claimant complains of low back pain as well as intermittent lumbar radiculopathy. Pain is located at the lumbosacral axial spine with radiation to the bilateral lower extremities, described as dull to sharp aching pain with spasm, burning, and tingling components, rated 5-6/10. The claimant was denied for Lyrica and had sudden discontinuation of it, because of this; the claimant went into withdrawal and had to go into the ER secondary to the insomnia and headaches that it was causing. The claimant also reports that the Oxycodone 20mg three to four times per day is helping. It is noted that without the Lyrica, the claimant has an increase in cramping as well as an increase in radicular pain especially in the right lower extremity, but it is on the left as well. The pain is alleviated by standing, sitting, lying down, heat, as well as stretching, and aggravated by standing, sitting, bending, and driving. Current medications include Oxycodone 20mg three to four times per day, Valium 10mg twice per day, Lyrica 150mg twice per day, and Imitrex 50mg as needed. The claimant admits to having migraines intermittently and neuropathic pain symptoms in the bilateral lower extremities. The claimant also admits to anxiety and depression. The claimant does have continuing bilateral lower extremity pain and weakness, particularly in the right side. On exam, there is some mild tenderness to palpation of the spinous processes as well as paraspinal regions. There is full range of motion, but there is pain elicited with extension. There is positive straight leg raise bilaterally, but most significantly on the right at approximately 40 degrees. There is 4/5 muscle strength at the hip flexors, quads, and hamstrings on the right. The provider recommends right L5 transforaminal epidural steroid injection and medications to include Oxycodone 20mg IR one by mouth four times per day as needed #120 with no refill, Valium 10 mg by mouth two to three times per day as needed #70 with no refills, Lyrica 150mg one by mouth twice per day as needed #60 with no refill, and Imitrex 50mg as needed for migraine headaches. The provider notes that the chronic narcotic therapy is helping the claimant to improve the quality of life and the pain levels are more tolerable. With the medications, the claimant is able to stand and walk for longer periods of time and is able to continue work and stay active. The claimant is currently not experiencing any adverse effects and has never demonstrated any aberrant or addictive behavioral patterns.

Review of claim notes that on 01/16/13, the claimant received the following determinations: Partial certification: Lyrica 150mg capsule x 1 month with a warning that if subsequent review lacks ongoing efficacy (measurable subjective and/or functional benefit with prior use), then this 1 month supply should be used for downward titration and complete discontinuation, due to medication noncompliance. Partial certification: Robaxin-750 750mg x 1 month supply with a warning to allow opportunity for submission of compliance guidelines including ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use~ Otherwise, this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication noncompliance. On 05/21/13, the claimant was partially certified for Oxycodone 20mg #1 05 with no refill. Partial certification was provided to allow opportunity for submission of medication compliance guidelines

including documentation of most current urine drug test and confirmatory test if needed, documentation of risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant, as well as ongoing efficacy (measurable subjective and/or functional benefit with prior use) with medication use. Otherwise, this timeframe should be used to initiate downward titration and complete discontinuation of medication on subsequent review, due to medication non-compliance.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/16/13)
- Utilization Review Determination (dated 7/5/13)
- Chronic Pain Medical Treatment Guidelines (2009), Therapeutic trial of opioids, pgs. 66-70
- Chronic Pain Medical Treatment Guidelines (2009), Opioids for chronic pain, pgs. 70-72
- Chronic Pain Medical Treatment Guidelines (2009), Benzodiazepines, pg. 14
- Qualified Medical Examiner Report (dated 7/10/13)
- Medical Records from [REDACTED] (dated 1/4/13-6/25/13)
- Progress Reports from [REDACTED], MD (dated 10/1/12-11/26/12)
- Medical Records from [REDACTED] (dated 7/30/12-6/13/13)
- Physical Therapy notes from [REDACTED] (dated 8/23/12)
- Toxicology Report from [REDACTED] (dated 10/8/12)
- MRI Spine Report from [REDACTED] (dated 5/23/13)
- Laboratory Reports from [REDACTED] (dated 5/13/12-11/2/12)

1) Regarding the request for a prescription of Oxycodone 20mg #120:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 66-72, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 10/4/2003 to the back. The medical records provided for review indicate diagnoses of chronic pain syndrome, lumbar degenerative disc disease, failed back syndrome, lumbar radiculitis, and status post lumbar fusion L4-S1 surgery. Treatment has included

diagnostic imaging studies, physical therapy, and medication management. The request is for Oxycodone 20 mg #120.

The MTUS Chronic Pain Guidelines list 4 domains as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief; side effects; physical and psychosocial functioning; and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records provided for review document the effectiveness of the medication and functional improvement. The clinical notes indicate that the opioids help the employee walk and stand for longer periods, and perform activities of daily living. There is evidence of consistently following the 4 domains listed in the MTUS Chronic Pain Guidelines. Therefore, the request for Oxycodone 20 mg #120 **is medically necessary and appropriate.**

2) Regarding the request for a prescription of Valium 20mg #70:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Benzodiazepines section, page 24, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 10/4/2003 to the back. The medical records provided for review indicate diagnoses of chronic pain syndrome, lumbar degenerative disc disease, failed back syndrome, lumbar radiculitis, and status post lumbar fusion L4-S1 surgery. Treatment has included diagnostic imaging studies, physical therapy, and medication management. The request is for Valium 20 mg #70.

Valium is a benzodiazepine. The MTUS Chronic Pain Medical Treatment Guidelines (2009) do not recommend benzodiazepines for long-term use because there is risk for dependency and long-term efficacy is unproven. In this case, there is documentation of long term use of Valium. This is not in accordance with MTUS guidelines for pain or spasm. Therefore, the request for a prescription of Valium 20 mg #70 **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.