

<b>Case Number:</b>	CM13-0028552		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California, Ohio, and Texas. 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 physician 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.

### 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 filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 10, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; anxiolytic medications; transfer of care to and from various providers in various specialties; and psychological counseling. In a utilization review report of September 19, 2013, the claims administrator denied a request for Valium, Percocet, and methadone. A later note of November 12, 2013 is handwritten, sparse, and not entirely legible. The applicant is given diagnosis of headaches and neck pain. Neurontin is refilled. The applicant's work status is not detailed. An earlier note of October 16, 2013 is again difficult to follow, not entirely legible, notable for comments that the applicant reports heightened stress, and limited neck range of motion. The applicant is placed off of work and has apparently been declared "disabled." Toradol injection is given. Norco is refilled. In an earlier note of September 10, 2013, the attending provider again takes the claimant off of work. Methadone is provided for round the clock pain control. Percocet is refilled for breakthrough pain. Valium is also furnished. Portions of the applicant's claim have been contested. He is also now alleging hearing loss. It is stated that methadone and Percocet keep the applicant's pain manageable and allow him to be active. He will be much more sedentary without said medications. The applicant is using Valium for muscle spasms, it is stated. A later note of October 7, 2013 is typewritten and notable for comments that the applicant's medication regimen is stable. The applicant states the medications provide significant benefit in terms of pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium or diazepam are not recommended for chronic or long-term use purposes. In this case, the attending provider states that he is employing Valium as a muscle relaxant. Benzodiazepines are not recommended for long-term use for this purpose, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Therefore, the request remains non-certified.

**Percocet 10/325mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain affected as a result of opioid usage. In this case, while the applicant has not returned to work, he seemingly meets the other two criteria. He does report appropriate analgesia and improved performance of non-work activities of daily living affected through ongoing Percocet usage. Therefore, the original utilization review decision is overturned. The request is certified.

**Methadone 10mg, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain;Criteria for use of Opioids;Methadone Page(s): 78-79;.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** Again, as with the Percocet, the applicant does seemingly meet two out of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does report appropriate analgesia and does seemingly affect improved performance with activities of daily living as a result of ongoing methadone usage, although it is acknowledged that the applicant has not returned to work. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

