

<b>Case Number:</b>	CM13-0031895		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/07/2004
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 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 claimant is a 55-year old employee who was driving a bus and was rear-ended when stopping for a pedestrian crossing the street, injuring her lower back, right hip and leg in 2004. The claimant has undergone two (2) neurotomies, one at right L3-L4 and L4-LS and one at left L2, L3, and L4- in 2012 and a left L5-S1 transforaminal epidural steroid injection (ESI) on 01/25/2013. The claimant was last seen by [REDACTED] on 08/22/2013 noting: significant low back pain radiating down both legs and feet with cramping in the legs and in the feet. Gait is antalgic with tenderness in the low back, iliolumbar, upper gluteal, sacroiliac joints and greater trochanteric region. The claimant has decreased sensory in the anterolateral thighs, lateral legs and feet with decreased deep tendon reflexes symmetrically in both knees and ankles with straight leg raise positive and causing back pain. This request is for the pharmacy purchase of Percocet 7.5/325 # one hundred twenty (120), and Valium 10mg #sixty (60) which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325, #120:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria for Use Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (updated 1/7/14)-Opioids for chronic pain

**Decision rationale:** The request as written is not medically reasonable and necessary since opioids are not recommended for long term use. The claimant was last seen by [REDACTED] on 08/22/2013 noting: significant low back pain radiating down both legs and feet with cramping in the legs and in the feet. Gait is antalgic with tenderness in the low back, iliolumbar, upper gluteal, sacroiliac joints and greater trochanteric region. The claimant has decreased sensory in the anterolateral thighs, lateral legs and feet with decreased deep tendon reflexes symmetrically in both knees and ankles with straight leg raise positive and causing back pain. A request for the pharmacy purchase of Percocet 7.5/325 # one hundred twenty (120) was made by the treating physician. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Percocet 7.5/325, #120, is not medically necessary.

**Valium 10mg, #60:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (Updated 11/14/2013)-Benzodiazepines.

**Decision rationale:** With respect to the prescription of valium 10mg bid #60, the guideline does not support a long term use of this medication. Most guideline limit is 4 weeks. The guideline does not recommend this medication as the first line treatment (ODG) in patients with chronic pain. MTUS guideline recommended antidepressants as the most appropriate treatment for anxiety. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Therefore this request for valium 10mg bid #60 for unknown duration of treatment is not medically necessary.