

<b>Case Number:</b>	CM13-0071199		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44 year old male who was injured on 10/23/2010. The diagnoses listed are low back pain, status post lumbar fusion, and knee pain. The patient had knee arthroscopy in 1984, L4-L5 microdiscectomy in 2012 and L5-S1 fusion on 8/5/2013. He had completed physical therapy and epidural steroid injections. A lumbar spine X-rays in 2013 showed intact hardware. [REDACTED] documented on 12/10/2013 that the low back pain had improved by 40-50%. There was no tenderness or spasm. The sensation and muscle strength was normal. There was a negative straight leg raising test but the range of motion was decreased. The patient had reported an increase in ADL on 9/25/2013. The medications listed are Percocet for pain and cyclobenzaprine for muscle spasm. The patient was also on diazepam but there was no specified medical indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**80 OXYCODONE-APAP 5/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non-responsive to standard treatment with NSAIDs, physical therapy and exercise. The documentation during opioid treatment should include compliance monitoring, absence of aberrant behavior and improvement of ADL/functional restoration. There is no documentation of these compliance measures. The records indicate the the patient did not have significant objective physical findings that would indicate a severe painful state. [REDACTED] indicated that the pain had improved by 40-50%. The physical examination showed normal sensation and motor strength with no tenderness in the affected areas. The clinical findings did not meet the criteria for chronic opioid treatment. The request is not medically necessary.

**75 DIAZEPAM 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS addressed the use of benzodiazepines for the treatment of anxiety and insomnia associated with chronic pain syndrome. It is recommended that the use of benzodiazepines be limited to periods of less than four weeks. Chronic use of benzodiazepines is associated with the development of tolerance, dependency and addiction. There is increased incidence of severe adverse effects in patients who are utilizing benzodiazepines with opioids or other sedatives concurrently. The indication for the use of diazepam was not specified in the medical records. The patient is also being treated with cyclobenzaprine, a sedative muscle relaxant. There is no documentation of medical compliance monitoring measures. The request is not medically indicated.