

<b>Case Number:</b>	CM14-0001872		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/30/1993
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 70-year-old female who reported an injury on 11/30/1993. The mechanism of injury was not provided in the documentation. Per the clinical note dated 11/27/2013, the injured worker reported increased pain symptoms to the left lower extremity, with radiation down to the foot, the pain was worse at night, and was awakening the injured worker and interrupting her sleep. The injured worker had diagnoses including postlaminectomy syndrome of the lumbar, bursitis of the hip and polysubstance dependence. The request for authorization for medical treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DIAZEPAM TABS 5MG #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** Per the California MTUS Guidelines benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most

guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Intolerance to the hypnotic effects develops rapidly as well as tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. There was a lack of objective clinical documentation regarding the efficacy of this medication. In addition, the guidelines state this type of medication is only for short term use and the injured worker was documented to have been taking it for longer than the guideline recommendation of 4 weeks. Therefore, the request for diazepam tabs 5 mg quantity 120 is non-certified.

**NUCYNTA TABS 50MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**Decision rationale:** Per the CA MTUS guidelines opioids appear to be efficacious but limited for short-term pain relief, and longterm efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The guidelines further state there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Per the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain relieving benefits of, as well as the same risks, that come with any opioid. There is a lack of documentation regarding other opiates that have been tried which were ineffective for the injured worker. In addition, there is a lack of objective clinical documentation regarding efficacy of this medication and any significant increases in function while utilizing this medication. Therefore, the request for Nucynta tabs 50 mg quantity 120 is non-certified.