

<b>Case Number:</b>	CM14-0103529		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/02/1987
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 56 year old employee with date of injury of 10/2/1987. Medical records indicate the patient is undergoing treatment for arthrodesis status, degeneration of both thoracic or lumbar intervertebral disc and cervical intervertebral disc and cervical radiculopathy. He is s/p two-level cervical fusion and two-level lumbar fusion. Subjective complaints include cramping in his neck, significant pain, weakness and cramping into left upper extremity. His low back is stable but with modest pain with prolonged standing. His neck is the source of headaches. Objective findings include limitations to side bending rotation of his neck. He has difficulty lifting his left arm over his head. Treatment has consisted of OxyContin, Oxycodone, Promethazine and Valium. He continues to do a home exercise program. The utilization review determination was rendered on 6/20/2014 recommending non-certification of VALIUM 10MG #90 and ROXICODONE 30MG #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #90:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS states that benzodiazepines (ie Valium) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The patient has been on Valium for years, far in excess of guideline recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Valium 10mg #90 is not medical necessary.

**ROXICODONE 30MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** Roxicodone is the brand name version of oxycodone, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the question for Roxicodone 30MG #90 is not medically necessary.

**Promethazine 25mg #200:** 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 Antidepressants, NSAIDs, GI symptoms, and opioids Page(s): 68-69 and 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea); Promethazine (Phenergan®)

**Decision rationale:** Promethazine is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use. The patient is on both OxyContin and Oxycodone. The Official Disability Guidelines state that Promethazine (Phenergan) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. In this case, the treating physician did not document its use would be for pre-operative or post-operative use. The guidelines do not recommend use of antiemetic for nausea and vomiting secondary to chronic opioid use. As such, the request for Promethazine 25mg #200 is not medically necessary.