

<b>Case Number:</b>	CM14-0013642		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Orthopedic Surgery 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 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 records presented for review indicate that this 62 year-old male was reportedly injured on 2/19/2009. The mechanism of injury is noted as a work-related injury while moving furniture. The most recent progress note, dated 12/12/2013 indicates there are ongoing complaints of left testicle and growing pain, major depressive disorder. The physical examination demonstrated no abdominal/genital physical exam was performed. No recent diagnostic studies are available for review. Previous treatment includes medications to include Tramadol, Lyrica, Vicodin 5/500, Norco 5/325, Diazepam 5 mg, bilateral inguinal hernia repair, psychotherapy, and psychiatric care. A request was made for 30 tablets of Diazepam 5mg, 60 tablets of hydrocodone (Vicodin) 5/500 mg and was not certified in the pre-authorization process on 1/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 30 TABLETS OF DIAZEPAM 5MG BETWEEN 12/12/2013 AND 12/12/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 OF 127.

**Decision rationale:** The California MTUS Guidelines do not support Benzodiazepines (Valium) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. After review of the medical records as well as the date of injury there is no objective clinical documentation in support of the continued need for this medication. As such, this request is not medically necessary.

**RETROSPECTIVE REQUEST FOR 60 TABLETS OF HYDROCODONE (VICODIN) 5/500 MG BETWEEN 12/12/2013 AND 12/12/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 OF 127.

**Decision rationale:** Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The Ca MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic testicular/growing pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, the retrospective request for 60 tablets of Hydrocodone (Vicodin) 5/500 mg is not medically necessary.