

<b>Case Number:</b>	CM14-0121223		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Family Practice 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 claimant is a 57-year-old female who sustained a work related injury on 8/27/11 involving the right shoulder and right wrist. She was diagnosed with shoulder strain/impingement, lumbar strain and bilateral carpal tunnel syndrome. A progress note on 7/31/14 indicated the claimant had tenderness in the involved regions, reduced range of motion, impingement findings in the right shoulder and positive lumbar discogenic provocative maneuvers. The treating physician requested Hydrocodone 10 mg six times daily for pain and Diazepam 10 mg at night to aid in sleeping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #180:** 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): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated at first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a

trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown previous time frame. Clinical and functional response is not known to justify 60 mg a day. The use of Hydrocodone as prescribed is not medically necessary.

**Diazepam 10mg #30 with two refills:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, benzodiazepines such as Diazepam 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. It is not indicated for insomnia or sleep difficulties. The request for 3 months of Diazepam use above is not medically necessary.