

<b>Case Number:</b>	CM14-0121659		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/14/2001
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 and 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 64-year-old female who reported an injury on 02/14/2001 after being pushed out of a front door, landing on the ground. The injured worker complained of upper back, middle back, and neck pain. The MRI of the cervical spine dated 04/16/2014 revealed an anterior fusion at the C5-6, minimal annular disc bulge multiple levels, and neural foraminal compromise at multilevels as described most prominent at the right C3-4 and C5-6. The objective findings to the cervical spine dated 07/18/2014 revealed active range of motion with lateral flexion to the 10 degrees bilaterally, extension 20 degrees, mild midline spinous, paraspinous, and trapezial tenderness. The musculoskeletal was positive for back pain, joint pain, joint swelling with muscle weakness and neck pain. The medications included Venlafaxine ER 150 mg, Effexor XR 75 mg, ibuprofen 800 mg, Diazepam 10 mg, Hydrocodone 10/325 mg; no VAS provided. The past treatments included a urinalysis. The Request for Authorization dated 08/06/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10mg/325mg, QTY: 90 tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opiates, such as Vicodin, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Per the documentation provided, the clinical were not evident of a measurable pain scale that included documentation addressing the pain before medication, after medication, and the duration the medication. The activities of daily living were not addressed, such as, adverse side effects or aberrant drug taking behavior, or how long the injured worker had been taking Norco and had it been tapered down. The request did not indicate the frequency. As such, the request is not medically necessary.

**Diazepam 10mg, QTY: 120 tablets:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines for long term use and most guidelines limit the use to 4 weeks. Per the clinical notes dated 05/21/2014, the injured worker was prescribed diazepam and, again, on 07/18/2014 the injured worker was prescribed diazepam, exceeding the 4 weeks. The request did not indicate the frequency. As such, the request is not medically necessary.