

<b>Case Number:</b>	CM14-0121808		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/17/2014
<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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 injured worker is a 72-year-old male who reported an injury on 02/15/2002 due to an unspecified mechanism of injury. The injured worker complained of severe lower back pain with numbness, tingling, and radiating pain to the lower extremities. The injured worker had a diagnosis of lumbar spondylosis. No diagnostics were available for review. The objective findings dated 08/25/2014 of the lumbosacral spine revealed flexion at 30 inches lacking from fingertips to the floor, extension was 10 degrees, tenderness to palpation over the paraspinal musculature with spasms bilaterally, motor strength was within normal limits, reflexes were within normal limits, and decreased sensation was noted over the bilateral lower extremities to light touch. Straight leg raise test produced pain to the lumbar spine bilaterally. The past treatments included scooter, walker, cane, and medication. The medications included hydrocodone 10 mg, Colace, naproxen, and Valium. The treatment plan included the hydrocodone/APAP and the diazepam. The request for authorization was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 Hydro/APAP 7.5/325:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for chronic pain and there should be documentation of objective functional improvement, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The dosing of all opioids should not exceed 120 oral morphine equivalents per day. The clinical notes did not address the objective functional improvement or evidence that the injured worker had been monitored for aberrant drug behavior or side effects. The request did not indicate the frequency. As such, the request is not medically necessary.

**60 Diazepam 10 mg:** 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.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 week. The clinical notes indicate that the injured worker had been taking the diazepam since 03/24/2014 and exceeds the recommended guidelines. The request did not indicate a frequency. As such, the request is not medically necessary.