

<b>Case Number:</b>	CM14-0149960		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/09/1999
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 American Board of 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:

69-years old male claimant sustained a work injury on 5/9/99 involving the lumbar region. He was diagnosed with lumbar strain. A progress note on 8/13/14 indicated the claimant had 2/10 pain in the low back. Exam findings were notable for reduced range of motion and a positive straight leg raise on the right side. There was decreased sensation in the L5 dermatome. The claimant had been on Oxycontin 60 mg twice per day, Roxicodone 30 mg 1-2 four times per day and Valium for pain and spasms. The claimant had been on the above medications for a few months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg #225 1-2 bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone (Oxycontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, opioids dose recommendations limit the amount to 120 mg of morphine equivalent daily. In this case, the dose given (above 180 mg equivalent) exceeds the daily morphine equivalent. According to the MTUS guidelines, opioids

are not indicated at 1st 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 has been on Oxycontin for months without significant improvement in pain or function. Continued use Oxycontin is not medically necessary.

**Roxicodone 30mg #450 1-2 po qid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Opioids: Dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Roxicodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, they are not indicated at 1st 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 has been on Roxicodone for months without significant improvement in pain or function. In addition, the combined dose of opioids exceeds the daily recommended maximum of 120 mg morphine equivalent. The continued use of Roxicodone is not medically necessary.

**Valium 5mg #360 1-2 po tid 6/day:** 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 Valium 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the claimant had been on Valium for months. Long-term use is not recommended; Current response to Valium is not noted. Continued use of Valium is not medically necessary.