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| <b>Case Number:</b>   | CM14-0181974 |                              |            |
| <b>Date Assigned:</b> | 11/06/2014   | <b>Date of Injury:</b>       | 10/12/2005 |
| <b>Decision Date:</b> | 12/12/2014   | <b>UR Denial Date:</b>       | 10/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This claimant, a 58 year old female care giver, says she was injured 10/12/2005, while mopping, and is diagnosed with a ventral hernia and a neck strain. Her treating provider is appealing the 10/24/2014 denial of hydrocodone and valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP Tab10-325mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for use Page(s): 79-80.

**Decision rationale:** The medical records were difficult to read - handwritten. They also appear to be the same each visit, but with a different date at the bottom. Unfortunately, I cannot understand what they say. She has several months of being deemed totally disabled (temporary). The plan of care is illegible mostly, but there is notation that she is to see orthopedics for neck pain and the surgeon for something related to GI. There is no indication that this patient should be continued on narcotic medication (if she is on it currently). There is no quantification of her pain and function, and any gains in managing either of them. She remains out of work, and the MTUS

chronic pain guidelines specify that to continue narcotics the patient must have returned to work and have improvement in function and pain. Medical necessity for this medication has not been established.

**Diazepam TAB 10mg QTY: 30:** Upheld

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

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

**Decision rationale:** The medical records were difficult to read - handwritten. They also appear to be the same each visit, but with a different date at the bottom. Unfortunately, I cannot understand what they say. She has several months of being deemed totally disabled (temporary). The plan of care is illegible mostly, but there is notation that she is to see orthopedics for neck pain and the surgeon for something related to GI. Benzodiazepines are not recommended for long-term use, per MTUS chronic pain guidelines, because long-term efficacy is unproven and there is a risk of dependence. There is no reason given as to why diazepam is being prescribed. If it is for muscle relaxation, tolerance occurs within weeks. If it is for anxiety, an antidepressant is considered more appropriate. Medical necessity has not been established for the request.