

<b>Case Number:</b>	CM14-0020197		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/01/1992
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 72-year-old female who has submitted a claim for Chronic Low Back Pain and Lumbar Degenerative Disc Disease associated with an industrial injury date of October 1, 1992. Medical records from 2012 were reviewed, which showed that the patient complained of chronic low back pain. Only one progress note dated October 26, 2012 was included in the records for review, which did not include a physical examination. Treatment to date has included medications such as oxycodone HCl and diazepam, since May 2011. Utilization review from January 22, 2014 modified the request for morphine sulfate ER 30 mg x 90 to #45; diazepam 10 mg x 30 to #15; and oxycodone HCl 30 mg x 150 to #75 for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION FOR MORPHINE SULFATE ER 30MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not

supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records for review did not specify when morphine sulfate was first prescribed and given the 1992 date of injury, the duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. Although opiates may be appropriate, additional information would be necessary. Therefore, the requested treatment is not medically necessary.

**PRESCRIPTION FOR DIAZEPAM 10MG #30: 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:** According to page 24 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, diazepam was being prescribed since May 2011 (3 years to date). However, there was no record of continued functional improvement with the use of this medication. Moreover, the duration of diazepam use is clearly beyond the recommended 4 weeks. Therefore, the requested treatment is not medically necessary.

**PRESCRIPTION FOR OXYCODONE HCL 30MG #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, oxycodone HCl was being prescribed since May 2011 (3 years to date). However, given the 1992 date of injury, the exact duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. Although opiates may be appropriate, additional information would be necessary. Therefore, the requested treatment is not medically necessary.