

<b>Case Number:</b>	CM14-0024216		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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:

Patient is a 50 year-old male with date of injury 08/14/2001. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 02/04/2014, lists subjective complaints as a flare up of back pain located primarily on the left side. Objective findings: Examination of the lumbar spine revealed tenderness to the left lumbar facet joints. Decreased range of motion with lumbar pain with extension and rotation on the left and mild discomfort with extension and rotation on the right. Diagnosis: 1. Right lumbar facet pain 2. Lumbar degenerative disc disease 3. Rule out left lumbar facet pain. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 08/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE VICOPROFEN 7.5;200 MG QUANTITY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; NSAIDS Page(s): 78-82; 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The request for Retrospective Vicoprofen 7.5; 200 Mg Quantity 30 is not medically necessary and appropriate.

**DIAZEPAM 10 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Anxiety Medications in Chronic Pain and Pain Chapter, Benzodiazepines.

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

**Decision rationale:** Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Criteria for use if provider & payor agree to prescribe: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. The request for Diazepam 10mg is not medically necessary and appropriate.