

<b>Case Number:</b>	CM14-0027300		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Physical Medicine and Rehabilitation 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 63-year-old female who reported an injury on 01/22/2003 due to an unspecified mechanism of injury. On 11/04/2013, she reported mild back, neck and left shoulder pain that radiated into the left arm, ankles, calves, feet, and thighs. The pain was relieved by prescribed pain medications. A physical examination revealed that she was positive for back pain, muscle weakness, neck pain, and joint pain and swelling. Her balance/gait were intact and no motor weakness was noted. Her diagnoses included adjustment disorder with anxiety, degenerative disc disease cervical, pain in the thoracic spine, myalgia and myositis unspecified, chronic pain syndrome, facet arthropathy, cervical spondylosis with myelopathy, radiculopathy cervical, degenerative disc disease lumbar, neck pain, spinal stenosis of lumbar region, depression, and low back pain. Her medications included Valium 10 mg 1 hour by mouth as needed, Lexapro 10 mg 1 tablet by oral route every day, Vicodin 5 mg 1 to 2 by mouth every 4 to 6 hours for pain, and oxycodone 20 mg 1 by mouth 3 times a day. She reported her pain to be at a 1/10 with medications and 10/10 without. Past treatment included pain medications. The treatment plan was for Valium 10 mg #30, and oxycodone HCL 10 mg #150. The Request for Authorization Form was signed on 11/04/2013. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10 MG #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, 24 Page(s): 24.

**Decision rationale:** It was noted that the injured worker had been using Valium since at least 08/06/2012. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Use is limited to 4 weeks. The injured worker did report a 1/10 pain rating scale with her medications, indicating efficacy. However, the length of treatment goes beyond the recommended 4 weeks. In addition, the requesting physician did not include the frequency of the medication within the request. The request exceeds the guideline recommendations and therefore is not supported. As such, the request is not medically necessary.

**OXYCODONE HCL 10MG #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines.

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

**Decision rationale:** A clinical note dated 09/10/2012 showed that the injured worker had been prescribed oxycodone and has been using the medication for treatment since at least that date. It was noted that she rated her pain at a 1/10 with her medications and a 10/10 without them. The California MTUS Guidelines state that ongoing management of opioid therapy should be monitored using the 4 domains of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be done at every office visit. There is no documentation regarding side effects of the medication. In addition, it is not documented if the medication has provided functional improvement regarding her activities of daily living. Furthermore, the requesting physician did not include the frequency of the medication within the request. The request is not supported by the guideline recommendations. Given the above, the request is not medically necessary.