

<b>Case Number:</b>	CM14-0038898		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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:

The injured worker is a 53 year old female injured on 02/22/06 when she bent over to look through boxes and felt sudden onset of right back pain radiating down into the right buttock and posterior calf. Current diagnoses included lumbar disc disease with radiculitis, degeneration of lumbar disc, lumbar post-laminectomy syndrome, reflex sympathetic dystrophy of lower limb, right lumbar radiculopathy, right L4-5 and L5-S1 discectomy, foraminotomy, laminectomy, and major depressive disorder. Clinical documentation dated 01/06/14 indicated the injured worker presented with complaints of neck, low back, and bilateral lower extremity pain status post right L4-5 and L5-S1 laminectomy in 2006. The injured worker rated the pain at 9/10. The injured worker described the pain as tight, burning, and sore radiating from her neck to upper back with adequate analgesia provided by medications. The injured worker was status post 14 sessions of water therapy and approximately one month of psychological counseling. The injured worker was unable to complete functional restoration program due to transportation issues and was not interested in completing the remaining sessions. Physical examination revealed restricted range of motion of the lumbar spine in all planes with muscle guarding. Physical examination of the cervical spine revealed moderately decreased range of motion in all planes, motor strength 5/5 in bilateral upper extremities, sensation normal along dermatomes to bilateral upper extremities, multiple trigger points across trapezius, rhomboids, supraspinatus muscles with tenderness to palpation with pain radiating out from the site upon pressure, deep tendon reflexes 2+ bilaterally. Current medications included OxyContin ER 10mg twice a day, gabapentin 100mg three tablets every day, Celebrex 100mg twice a day, omeprazole 20mg twice a day, Senna 8.6mg two tablets every day, Colace 100mg twice a day, Lidoderm patches 5% every day, diazepam 10mg twice a day and Vicodin ES 750mg-7.5mg four times a day. The initial request for OxyContin 10mg

#60, Diazepam 10mg #45 and Vicodin ES 300mg #120 was initially non-certified on 03/10/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker reported elevated pain scores with the use of narcotic medications indicating a lack of medication efficacy. Additionally, given the opportunity, the injured worker chose to not complete FRP. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Oxycontin 10mg #60 is not medically necessary.

**Diazepam 10mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the 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 use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Diazepam 10mg #45 is not medically necessary.

**Vicodin ES 300mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The injured worker reported elevated pain scores with the use of narcotic medications indicating a lack of medication efficacy. Additionally, given the opportunity, the injured worker chose to not complete FRP. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Vicodin ES 300mg #120 is not medically necessary.