

<b>Case Number:</b>	CM14-0047319		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/09/2003
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Texas and Florida. 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 61 year old who was injured on 5/9/2003. The diagnoses are low back pain, failed back syndrome, bilateral leg pain and muscle spasms. On 1/7/2014, the patient reported increased pain from 4-5/10 to 7-8/10 since the Oxycontin was discontinued and Hydrocodone was started. The 1.5 mile walking decreased to 0.5 mile because of the increased pain. The objective findings were lumbar spine scar, muscle spasm but normal motor, straight leg raising test, deep tendon reflexes and sensory tests. The medications are listed as Cymbalta, Morphine, Oxycontin for pain, Skelaxin and Valium for muscle spasm. A urine drug screen (UDS) was positive for tetrahydrocannabinol (THC) due to the use of medical marijuana for pain. It is unclear if the patient is still utilizing Oxycontin and Skelaxin because the most recent records note that the patient was self- paying for the medications after non certification by the insurance provider. A Utilization Review determination was rendered on 4/5/2014 recommending non certifications for Morphine IR 15mg #60 and Valium 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Morphine IR 15mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 124.

**Decision rationale:** MTUS Guidelines address the use of opioids for the treatment of severe acute pain as well as chronic musculoskeletal pain during periods of exacerbation or flare ups. An adequate response to opioid treatment includes functional improvements and reduction in pain with limited adverse effects. Long term opioid administration may lead to tolerance, addiction and opioid induced hyperalgesia. The record is unclear on the total opioid dosage being utilized by the patient. It was noted that the patient was also utilizing Oxycontin and Norco privately paid for following a prior modified certification and weaning recommendation. The UDS was positive for marijuana. The concurrent use of opioids with psychiatric medications and other sedatives is associated with increased incidence of severe adverse drug interactions and complications. The criteria for the use of Morphine IR 15mg #60 was not met. As such, the request is not medically necessary.

**Prescription of Valium 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 Benzodiazepine Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress. Pain Insomnia.

**Decision rationale:** MTUS and ODG Guidelines address the use of benzodiazepines for the treatment of anxiety and insomnia associated with chronic pain syndrome. It is recommended that the use of diazepam be limited to periods of less than 4 weeks to decrease the development of tolerance, dependency and addiction associated with chronic use of benzodiazepines. The Valium has been in use since 2012. There is increased incidence on severe adverse effects in patients utilizing benzodiazepines, opioids and other sedatives concurrently. The records indicate that the patient is utilizing multiple opioids, Valium, Cymbalta, Skelaxin and medical marijuana. The criteria for the use of Valium 10mg #30 was not met. As such, the request is not medically necessary.