

<b>Case Number:</b>	CM14-0093052		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/23/1987
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Texas and Ohio. 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 61-year-old female who reported an injury on 09/23/1987. The mechanism of injury was noted to be stress. Her diagnoses were noted to be chronic neck pain with cervical spondylosis, cervical degenerative disc disease and cervical disc myelopathy. The injured worker's treatments were noted to be medications. She was noted to have diagnostic testing of an electromyography revealing median nerve impingement syndrome. Prior surgeries were noted to be ileostomy and then reversal of ileostomy. The injured worker was noted to have subjective complaints of neck pain. The objective physical findings revealed the injured worker alert, but in moderate distress. It is noted she had decreased strength bilaterally. Her grasp seemed to be about 4/5 bilaterally. Decreased sensation along her right little finger. The injured worker was able to flex her head to about 45 degrees, but could only extend to the midline. She could side bend and rotate about 45 degrees to the right, but to the left she was more restricted and could only do about 30 degrees. Her medications were noted to be Coumadin, Duragesic, Endocet, Valium, Desyrel and fiber laxative. The treatment plan was for hand splints and refill of medications. The providers rationale was not noted for this request. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 mg #60:** Upheld

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

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

**Decision rationale:** The request for Valium 5 mg quantity 60 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has had a history of use with Valium. The guidelines do not recommend long term use. In addition, the request fails to provide a dosage frequency. As such, the request for Valium 5 mg quantity is non-certified.

**Oxycodone 10/325 #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The request for oxycodone 10/325 quantity 150 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation submitted for review fails to provide an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for oxycodone 10/325 quantity 150 is non-certified.