

<b>Case Number:</b>	CM14-0096400		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Internal 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 66 year old female who sustained an injury on 03/02/06 while arranging cans. The injured worker stood on her toes and reported feeling a pulling sensation in the lumbar region. The injured worker has been followed for multiple complaints to include right shoulder, wrist, and low back pain. Prior treatment has included right shoulder injections which were reported as painful but did provide some relief. The injured worker's medication history was pertinent for Zolpidem, Oxycodone, Tizanidine, and Gabapentin. The injured worker is noted to have undergone a prior lumbar fusion at L3-4 through L5-S1 in February of 2007. As of 06/05/14 the injured worker reported 75% relief with recent right shoulder injections. The injured worker reported that without medications or injections, her pain would be severe. The injured worker's physical exam noted significant tenderness to palpation over the sacroiliac joints with loss of range of motion in the right shoulder. The injured worker was continued on Oxycontin 20mg and Percocet 10/325mg. Follow up on 07/07/14 noted no change in the injured worker's symptoms or physical exam findings. Medications were continued unchanged at this evaluation. The injured worker's requested medications were denied on 06/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88-89.

**Decision rationale:** In regards to the use of Percocet 10/325mg quantity 240, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Per guidelines, ongoing management with opioids require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. The computed morphine equivalent dose for this case (60 mg for OxyContin and 90 mg for Percocet) is not within guideline recommendation of up to 100 mg per day. There is no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse. As such, this reviewer would not have recommended this medication as medically necessary.

**Valium 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** In regards to the use of Valium 5mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.