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| <b>Case Number:</b>   | CM14-0013832 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 06/09/1981 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 01/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old male who sustained an industrial injury on 06/09/81. Initial complaints were low back pain and right foot numbness. Initial diagnosis was chronic lumbar sprain. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include back pain. In a progress note dated 01/15/14, the latest provider not available for review, the provider reports the plan of care as continued Norco, Valium, Nabumetone, and DocQlace. A trigger point injection was given that day in the office. The requested treatments are Valium and DocQlace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg #45 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for VALIUM 10MG #45 WITH # REFILLS. Per 01/15/14 progress report, the patient is currently taking DocQLace, Nabumetone, Valium and Norco. Work statue is unknown. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. In this case, the patient has been utilizing Valium since at least 01/09/13. It is not recommended for a long-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. The request IS NOT medically necessary.

**Doc-Q-Lace 100 mg #60 with 6 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines constipation Page(s): 76-78.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for DOC-Q-LACE 100mg #60 WITH 3 REFILLS. Per 01/15/14 progress report, the patient is currently taking DocQLace, Nabumetone, Valium and Norco. Work statue is unknown. MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. In this case, the patient has been utilizing DocQlace since 06/26/13 along with opiates such as Norco. Given the guidelines support for prophylactic use of medication for constipation when opiates are used, the request IS medically necessary.