

<b>Case Number:</b>	CM14-0188740		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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, 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 37 year-old male with a date of injury of May 10, 2013. The patient's industrially related diagnoses include L5-S1 degenerative disc disease, right S1 radiculopathy and right L5-S1 posterolateral disc herniation. The injured worker had a right L5-S1 decompression and discectomy on 10/22/2014. The disputed issues are prescriptions for Oxycodone 5mg #100, Valium 5mg #60, and Colace 200mg #20. A utilization review determination on 10/13/2014 had non-certified these requests. The stated rationale for the denial of oxycodone was: "There is no medical rationale for the use of OxyContin in this case, as the patient is responding to a safer and less potent option, Norco. As such, the use of Norco postoperatively would be sufficient. Initiation of OxyContin postoperatively is not medically necessary." The stated rationale for the denial of Valium was: "The patient has been prescribed this medication for post-operative use; however, there is no clear clinical rationale for the initiation of Valium after surgery." Lastly, the stated rationale for the denial of Colace was: "Although constipation can be a side effect of long-term use of opioids, there is no evidence that the patient has had the onset of constipation associated with opioid use. The patient has been maintained long-term on Norco without apparent adverse effects."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for oxycodone 5mg #100, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the request was made for postoperative acute pain. The treating physician documented that the injured worker was taking Norco 10mg, a narcotic pain medication, prior to the surgery but was failing that modality to control his pain. Based on the guidelines and documentation, a short course of opioids is appropriate in the management of postoperative pain. In light of the above, the currently requested oxycodone 5 mg #100 is medically necessary.

**Valium 5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

**Decision rationale:** In regard to the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state that 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The Chronic Pain Medical Treatment Guidelines on page 66 state the following regarding benzodiazepines in the context as an anti-spasm agent: "Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non benzodiazepines for the treatment of spasm." In the submitted medical records available for review, the Valium was prescribed as a postoperative medication, but there was no documentation of subjective symptoms of anxiety. Furthermore, the injured worker was previously prescribed Soma as a muscle relaxer that the guidelines do not recommend the use of benzodiazepines for muscle spasms. Based on the guidelines, the currently requested Valium 5mg #60 is not medically necessary.

**Colace 200mg #20:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment

**Decision rationale:** In regard to the request for Colace, an OTC stool softener, Chronic Pain Medical Treatment Guidelines on pages 76-80 state the following regarding constipation, an adverse side effect of opioids, "Prophylactic treatment of constipation should be initiated." ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. In the submitted medical records available for review, there is documentation that the injured worker was prescribed oxycodone 5mg for postoperative pain along with Colace. Although there were no subjective complaints of constipation with the prior use of Norco, an opiate pain medication, there is no documentation that the injured worker has taken oxycodone previously and the guidelines do recommend prophylactic treatment of constipation. Therefore, based on the guidelines, Colace is medically necessary.