

Case Number:	CM14-0194289		
Date Assigned:	12/02/2014	Date of Injury:	05/12/2006
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 patient is an injured worker with a history of lumbosacral back injury. Date of injury was 05-12-2006. The primary treating physician progress report dated 10/29/2014 documented subjective complaints of low back and leg pain. His pain is about the same. The medications continue to be helpful and well tolerated, including Kadian, Naproxen, Gabapentin, Diazepam, Tizanidine, and Norco. Without medication for a day, his pain was so severe he just lay in bed all day. The medications reduce pain so he can do more activities including walking for longer periods of time, spending time with his family and exercising. The pain is described as aching in the low back and legs. The pain is worse with standing, walking, bending, and lifting. The pain is better with medication, lying down, sitting, and injections. He rates his pain as a 10/10 in intensity without pain medications and as an 8/10 in intensity with pain medications. The patient denies nausea, vomiting, insomnia, headaches, fever, chills, shortness of breath, chest pain, upset stomach, sleepiness, diarrhea, sedation, and bowel or bladder dysfunction. The patient denies any new heart or lung problems. The patient denies new trauma. Objective findings were documented. Physical examination findings included well developed, well nourished, no acute distress. Gait was antalgic with use of cane. The patient has 5/5 lower extremity strength bilaterally. Sensation is intact, but diminished in left leg. Sacroiliac joints are tender to palpation bilaterally. There is spasm and trigger point tenderness to palpation of the lumbar paraspinals at L4-5 bilaterally. Limited range of motion was noted. Straight leg raise is positive bilaterally. Impression was chronic pain syndrome, depression, obesity, muscle pain, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, low back pain, and anxiety. The medications are helpful to decrease pain and increase function. He will continue on the current regimen. Opioids are necessary for chronic intractable pain. Opiate agreement has been signed. Saliva toxicology screening done 9/3/14 shows he is taking his opiate medication

appropriately, and not taking any illicit substances. Urine toxicology screening was performed 10/29/14. Prescriptions were given for Kadian, Norco, and Diazepam. Utilization review determination date was 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #120: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepine Valium (Diazepam). The primary treating physician progress reports dated 7/9/14 and 10/29/14 documented the long-term use of Valium (Diazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Valium is not supported. The request for Valium 5mg #120 is not medically necessary.

Kadian 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone/Acetaminophen (Percocet) Page(s): 74-96, 92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-

through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document objective evidence of pathology and subjective complaints of pain. Analgesia was documented with opioid medications. Activities of daily living were improved with opioid medications. The patient has regular clinic visits for reassessment. The primary treating physician progress report dated 10/29/2014 documented that an opiate agreement has been signed. Saliva toxicology screening done 9/3/14 shows he is taking his opiate medication appropriately, and not taking any illicit substances. The medical records and MTUS guidelines support request for Kadian. The request for Kadian 50mg #60 is medically necessary.