

<b>Case Number:</b>	CM14-0050387		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/14/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old male, who sustained an industrial injury on 08/14/2002. He has reported subsequent shoulder and back pain and was diagnosed with shoulder joint pain, lumbosacral spondylosis, displacement of lumbar intervertebral disc and pain in the coccyx. Treatment to date has included oral and topical pain medication, epidural steroid injections and surgery. In a progress note dated 03/05/2014, the injured worker complained of bilateral low back and tail bone pain. Objective findings were notable for bilateral lower extremity weakness and stiffness of the low back with spasms. Requests for authorization of Valium, Norco and Omeprazole were made. The physician noted that Norco was being prescribed for pain, Valium for muscle spasms and Omeprazole for iatrogenic gastroesophageal reflux disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 08/14/2002. The medical records provided indicate the diagnosis of shoulder joint pain, lumbosacral spondylosis, displacement of lumbar intervertebral disc and pain in the coccyx. Treatment to date has included oral and topical pain medication, epidural steroid injections and surgery. The medical records provided for review do not indicate a medical necessity for Valium 10mg #30 with 2 refills. Valium (diazepam) belongs to the benzodiazepines sedative hypnotics. The MTUS does not recommend using them for longer than 4 weeks due to increased risk and unproven efficacy beyond this period. The records indicate the injured worker has been using this medication for a while, this and the requested treatment exceeds the guidelines recommendation and is not medically necessary.

**Norco 10/325mg #180 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 08/14/2002. The medical records provided indicate the diagnosis of shoulder joint pain, lumbosacral spondylosis, displacement of lumbar intervertebral disc and pain in the coccyx. Treatment to date has included oral and topical pain medication, epidural steroid injections and surgery. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #180 with 2 refills. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication for without documented evidence of overall improvement. Therefore, the request is not medically necessary.

**Omeprazole 40 mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 08/14/2002. The medical records provided indicate the diagnosis of shoulder joint pain, lumbosacral spondylosis, displacement of lumbar intervertebral disc and pain in the coccyx. Treatment to date has included oral and topical pain medication, epidural steroid injections and surgery. The medical records provided for review do not indicate a medical necessity for Omeprazole 40 mg #30 with 2 refills. The MTUS recommends the use of the proton pump inhibitors by individuals on NSAIDs who are at risk of gastrointestinal event. This medication was medically necessary when the injured worker was on treatment with NSAIDs and Prednisone, but since these have been discontinued it is no longer medically necessary to continue its use. The Criteria for the use of Proton pump inhibitors include: risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The above request is not medically necessary.