

<b>Case Number:</b>	CM15-0003414		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 55 year old male, who sustained an industrial injury on March 2, 2010. The mechanism of injury is unknown. The diagnoses have included lumbar spine disc degeneration, status post lumbar microdiscectomy, residual disc degeneration with low level bulging, status post anterior lumbar discectomy and fusion and severely compromised postoperative course secondary to lack of physical therapy due to testicular retraction on the right side. Treatment to date has included heating pad, home exercises, surgery, medications and diagnostic studies. Currently, the injured worker complains of severe low back pain. His Norco and Valium medication were noted to greatly relieve his pain. He also complained of headaches which are less often and relieved with medication. His back pains are also relieved by squatting down like a baseball catcher and by supine hyperflexion of the knees and hips. On December 29, 2014, Utilization Review non-certified Diazepam 5 milligrams #60, Butalbital/Acetaminophen 50/325/40 milligrams #30 and Hydrocodone/Acetaminophen 7.5/325 milligrams #110, noting the California Chronic Medical Treatment Guidelines. On January 7, 2015, the injured worker submitted an application for Independent Medical Review for review of Diazepam 5 milligrams #60, Butalbital/Acetaminophen 50/325/40 milligrams #30 and Hydrocodone/Acetaminophen 7.5/325 milligrams #110.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

**Decision rationale:** Diazepam is a benzodiazepam muscle relaxant. On page 66 of MTUS, Chronic Pain it is noted that benzodiazepines are not recommended due to the rapid development of tolerance and dependence. Diazepam is not medically necessary for this patient and is not consistent with MTUS guidelines.

**Butalbital/Acetaminophen 50/325/40mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BCAs Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

**Decision rationale:** MTUS is silent on this drug. The patient is taking Fioricet - Butalbital, acetaminophen and caffeine ODG notes that this is not a recommended treatment and is not consistent with ODG guidelines. It is not medically necessary for this patient. The FDA package insert of this medication warns that this drug may interfere with both physical and mental abilities.

**Hydrocodone/Acetaminophen 7.5/325mg #110: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** MTUS, Chronic Pain criteria for on-going use of opiates requires documentation of analgesia, improvement in functionality such as in the abilities to do activities of daily living or returning to work, adverse effects and monitoring for adverse drug seeking behavior. The documentation provided for review does not meet this criteria and hydrocodone/acetaminophen is not medically necessary.