

<b>Case Number:</b>	CM15-0138886		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/25/1989
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: 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 68 year old male, who sustained an industrial injury on 1-25-89. The mechanism of injury was not indicated. The injured worker was diagnosed as having post laminectomy syndrome, lumbar disc disorder, radiculopathy, hypertension, gout, gastritis secondary to medications and lumbago. Treatment to date has included oral medications including lumbar laminectomy, activity restrictions and oral medications including Mobic 7.5mg, Valium 10mg, Oxycontin 80mg and Percocet 5-325mg. Currently on 5-21-15, the injured worker presents for medication refills and complains of lumbar aching, throbbing, tenderness, burning, which is always present rated 3-10, alleviated with lying down. He is disabled. Physical exam performed on 5-21-15 revealed limited range of motion of spine. Urine drug screen performed on 5-21-15 was consistent with medications prescribed. The treatment plan included prescriptions for Percocet 5-325mg, Oxycontin 80mg and Valium 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Oxycontin 80mg #90 NR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Retrospective: Oxycontin 80mg #90 NR. The RFA is from 04/28/15. Treatment to date has included oral medications including lumbar laminectomy, activity restrictions and oral medications including Mobic 7.5mg, Valium 10mg, Oxycontin 80mg and Percocet 5-325mg. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 04/23/15, the patient complains of lumbar aching, throbbing, tenderness, burning, which is always present rated 3-10, alleviated with lying down and medications. This is a retrospective request for Oxycontin that was dispensed on 04/28/15. According to the medical reports the patient has been on this medication regimen "for years". The patient underwent a UDS on 04/28/15. The treater has provided no discussion regarding functional improvement or analgesia with taking medications. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show functional improvement and there are no documentation regarding adverse effects and aberrant drug behavior. Two UDS are provided in the medical file, but no discussion of CURES or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

**Retrospective: Valium 10mg #120 NR (DOS: 04/28/2015): Upheld**

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

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

**Decision rationale:** The current request is for Retrospective: Valium 10mg #120 NR (DOS: 04/28/2015). The RFA is from 04/28/15. Treatment to date has included oral medications including lumbar laminectomy, activity restrictions and oral medications including Mobic 7.5mg, Valium 10mg, Oxycontin 80mg and Percocet 5-325mg. The patient is not working. ODG guidelines, under the Pain Chapter, regarding Benzodiazepine has the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), 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". MTUS Guidelines under Benzodiazepines on page 24 states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks".

Per report 04/23/15, the patient complains of lumbar aching, throbbing, tenderness, burning, which is always present rated 3-10, alleviated with lying down and medications. This is a retrospective request for Valium that was dispensed on 04/28/15. There is no discussion regarding the use of Valium. It is unclear when it was initiated. MTUS and ODG guidelines do not support the long-term use of benzodiazepines, given the request is for #120, recommendation cannot be made. Hence, this request is not medically necessary.