

<b>Case Number:</b>	CM15-0148664		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/08/1999
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California  
 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 applicant is a represented 44-year-old who has filed a claim for chronic pain syndrome, chronic neck pain, complex regional pain syndrome, and myalgias and myositis of various body parts reportedly associated with an industrial injury of October 8, 1999. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for diazepam, OxyContin, and Valium. The claims administrator referenced an RFA form received on July 15, 2015 in its determination. The applicant's attorney subsequently appealed. On July 14, 2015, the applicant reported ongoing complaints of neck and shoulder pain with associated numbness, tingling, and burning paresthesias. The applicant reported 4/10 pain complaints with medications versus 9/10 without medications. The applicant was on Valium, OxyContin, Effexor, Imitrex, and Senna, it was reported. It was suggested that the applicant was using Valium for antispasmodic effect. The attending provider contended that the applicant was using OxyContin on a chronic basis. The attending provider stated that the applicant's usage of OxyContin was allowing him to work at a rate of 60 hours a week. The attending provider stated that Senna was used for ameliorating the applicant's issues with constipation. The attending provider posited that ongoing usage of Effexor was ameliorating the applicant's issues with panic attacks. The applicant was using Maxalt for migraine headaches. It was suggested that usage of Maxalt had kept the applicant out of the Emergency Department during flares of migraine headaches. The attending provider acknowledged that the applicant had used marijuana in the past. The attending provider did not explicitly state whether the applicant was or was not using marijuana at this point, although it was suggested (but not clearly stated) that this was still the case. The applicant was given refills of Valium, Effexor, Imitrex, and Senna. The applicant was returned to regular duty work. On June 8, 2015, the attending provider stated that the applicant was compliant with

currently prescribed medications. The attending provider suggested that urine drug testing suggested that the applicant was compliant with his current medications. In a March 19, 2015 supplemental note, the attending provider suggested that the applicant was tolerating regular duty work despite ongoing pain complaints. The attending provider suggested that the applicant was deriving appropriate analgesia as a result of ongoing medication consumption and also stated that the applicant's maintenance of full-time regular duty work status constituted prima facie evidence of improvement with ongoing medication consumption.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diazepam 10mg tab SIG: 2 tabs per oral daily:** 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 rationale:** No, the request for diazepam (Valium), a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as diazepam (Valium) are not recommended for chronic or long-term use purposes, with most guidelines limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the attending provider seemingly suggested on July 14, 2015 that diazepam was being employed chronically for muscle relaxant effect at a rate of two tablets a day. Such usage on a long-term basis, however, ran counter to principles set forth on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Maxalt 5mg SIG: 1 tab per oral daily:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Head Procedure Summary, Rizatriptan (Maxalt).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Maxalt® (Rizatriptan Benzoate) tablets Maxalt-MLT® (Rizatriptan Benzoate) indications and usage Maxalt is indicated for the acute treatment of migraine attacks with or without aura in adults.

**Decision rationale:** Conversely, the request for Maxalt, a triptan medication, is medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider suggested that Maxalt was being employed for migraine headaches and that it had proven effective in attenuating flares of the same. The attending provider suggested that usage of Maxalt on an as-needed basis for migraine headaches had been sufficiently effective so

as to obviate the need for Emergency Department visits in the event of flares of migraines headaches. The Food and Drug Administration (FDA) does acknowledge that Maxalt is in fact indicated in the treatment of acute migraine headaches, i.e., the role for which Maxalt was employed here. Continued usage of the same was, thus, indicated, particularly in light of the attending provider's reports to the effect that Maxalt was in fact proving effective in diminishing the severity of the applicant's migraines here. Therefore, the request is medically necessary.

**Oxycontin 40mg tab SIG: 1 tab by mouth four times daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids; Opioids for chronic pain Page(s): 79; 81.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioid therapy suggested in applicants who are engaged in evidence of illegal activities such as usage of illicit drugs. Here, the attending provider's documentation, including a progress note of July 14, 2015, failed to clearly state whether the applicant had or not had ceased marijuana consumption. Portions of the attending provider's progress note suggested that the applicant would likely revert to using marijuana if the Valium was denied through the Utilization Review and/or independent medical review processes. There was, thus, a strong suggestion that the claimant was in fact still using marijuana. Page 81 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that the upper limit is normal for opioid usage follows within a range from 120-180 mg of morphine equivalent daily. Here, however, usage of OxyContin 40 mg at a rate of four times daily in and of itself represents opioid usage at a rate 240 mg morphine equivalent daily. The applicant's usage of OxyContin above the upper limit of normal set forth for opioid usage on page 81 of the MTUS Chronic Pain Medical Treatment Guidelines, coupled with the attending provider's reporting to the fact that the applicant could very well be using marijuana in conjunction with opioids, taken together, suggested discontinuation of opioid therapy with OxyContin represented more appropriate option than continuation of the same. Therefore, the request is not medically necessary.