

Case Number:	CM15-0161186		
Date Assigned:	08/28/2015	Date of Injury:	08/07/1996
Decision Date:	10/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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: Anesthesiology

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 08-07-1996. According to a progress report dated 08-05-2015, the injured worker report pain in the left and right shoulder, right arm and right elbow. He reported more pain in the lower back and upper legs, weakness, difficulties walking and bad sleep. Pain was rated 7 on a scale of 0-10. Pain was constant in frequency and moderate in intensity. Medical history included diabetes, hypertension, pacemaker and diverticulitis. Physical examination of the left shoulder revealed range of motion to forward flexion was 130 degrees, abduction was 110 degrees, external rotation was 70 degrees, internal rotation was 55 degrees and extension was 20 degrees. There was tenderness to palpation over the posterior aspect of the shoulder. Inspection of the lumbar spine revealed no asymmetry or scoliosis. There was tenderness to palpation over the bilateral lumbar paraspinal muscles. Diagnoses included unspecified internal derangement of knee, disorders of bursae and tendons in shoulder region unspecified, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, opioid type dependence unspecified use. The treatment plan included Hydrocodone 10-325 mg #60, Diazepam 5 mg every day #30 and physiotherapy. The injured worker was permanent and stationary. He was to follow up in four weeks. Currently under review is the request for Hydrocodone 10-325 mg quantity 60 and Diazepam 5 mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80; 91; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioid, Long-term users of opioids Page(s): 9, 78, 88.

Decision rationale: According to the CA-MTUS and ODG, Vicodin 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA-MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, the progress reports submitted date back to 04-13-2015 and show use of Hydrocodone at that time. According the most recent report, pain level was increased. The treating provider did not document the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Urine drug screens were not submitted for review. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Diazepam 5mg quantity 30: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines

recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In addition, there are no guideline criteria that supports the long-term use of benzodiazepines. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.