

<b>Case Number:</b>	CM15-0168811		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/03/2001
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Pain Management

### 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 69 year old male, who sustained an industrial-work injury on 7-3-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD) post lumbar fusion, chronic lumbar back pain and right lower extremity (RLE) radiculopathy. Medical records dated (1-29-15 to 7-27-15) indicate that the injured worker complains of low back pain, depression, anxiety and difficulty with sleeping. The pain radiates down the neck, low back and left leg to ankle. He states that the pain is rated 4-8 out of 10 on pain scale and that with the medications he is able to function to do activities of daily living. He states that the pain is worse in the morning, when bent over or when he does not take pain medications. He states the pain medications help him 50-60 percent. The medical records also indicate worsening of pain with activities of daily living (ADL). Per the treating physician report dated 7-27-15 the injured worker has been instructed to remain off work permanently. The physical exam dated from (1-27-15 to 7-27-15) reveals pain and tenderness of the neck, back and down the left leg to ankle. There is also numbness in the right lower extremity (RLE). Treatment to date has included pain medication including Valium, Ambien, Vitamin D and Oxycodone at least 6 months, epidural steroid injection (ESI), activity modifications, surgery, physical therapy, off of work, and other modalities. The treating physician indicates that the urine drug test result dated 6-22-15 was consistent with the medication prescribed. The original Utilization review dated 8-14-15 denied a request for Valium 10mg #60 as subsequent reviews recommended weaning and long term use is not recommended by the guideline, Ambien 10mg #45 was denied as there was no evaluation of Ambien's efficacy for his sleep difficulty to

warrant further use, Vitamin D3 5,000mg #30 was denied as the injured worker did not have a Vitamin D deficiency to warrant supplementation and the guidelines do not recommend for chronic pain and Oxycodone 30mg #270 was denied as there was no quantified evidence of functional improvement, significant side effects and dosing above the recommended daily limit.

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

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

#### **Valium 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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. 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.

#### **Ambien 10mg #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Insomnia treatment (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has

responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

**Vitamin D3 5,000mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Vitamin D (cholecalciferol) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D (cholecalciferol).

**Decision rationale:** Regarding the request for Vitamin D, Official Disability Guidelines (ODG) state that, if necessary, vitamin D supplementation is recommended for consideration in chronic pain patients. ODG state that Vitamin D deficiency is not considered a workers' compensation condition. Inadequate vitamin D may represent an under-recognized source of nociception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Within the documentation available for review, there are no subjective complaints of diffuse pain, and there are no documented objective findings of multiple areas of tenderness to palpation. Furthermore, there is no documentation of lab work identifying low vitamin D levels, nor any recent lab work identifying that the patient has responded to vitamin D treatment with normalization of vitamin D plasma levels. In the absence of such documentation, the currently requested Vitamin D is not medically necessary.

**Oxycodone 30mg #270: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Oxycodone 30mg #270, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional

improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged that the patient is on an elevated dose of this medication. However, guidelines allow for high dosages as long as the patient has seen a pain management doctor and appropriate documentation has been provided supporting the ongoing use of the medication, as is the case here. In light of the above, the currently requested Oxycodone 30mg #270 is medically necessary.