

<b>Case Number:</b>	CM15-0181066		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on 12-20-2008. The injured worker was diagnosed as having cervicalgia, arthropathy of cervical facet joint, cervical degenerative disc disease, and brachial neuritis, unspecified. Treatment to date has included diagnostics, chiropractic, and medications. Currently, the injured worker complains of neck pain, with radiation to the right shoulder and right arm, with associated headache and upper extremity weakness. Pain was rated 4 out of 10. She was currently able to perform activities of daily living and work with limitations. She was "having severe depression related to her chronic pain". Exam of the cervical spine noted moderate tenderness to palpation, generalized and right upper trapezius area, and to the paravertebral muscles at C3-7. She reported using more Oxycodone with Methadone decrease. Medications included Zofran, Valium 10mg at bedtime, Methadone 5mg (5 tablets daily), Oxycodone 30mg every 6 hours, and Provigil. No adverse side effects were noted. Urine toxicology (7-07-2015) noted inconsistencies. The previous exam (7-07-2015) noted pain level 4 out of 10, at which time Baclofen was used as a muscle relaxant and she restarted Valium, Methadone was restarted at 5mg every 8 hours, and Oxycodone 30mg was continued every 6 hours. The use of Valium was referenced in 3-2015, 4-2015, 5-2015, and 7-2015. The treatment current plan included Oxycodone 30mg #120 (consistent since at least 12-2014) and Valium 10mg #30. On 8-19-2015, Utilization Review modified the requested medication to Oxycodone 30mg #25 and Valium 10mg #7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg # 120:** 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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including prior Oxycontin and currently Methadone and Oxycodone for several months. There was no indication of addiction or need for detoxification. The combine opioid use exceeded the 120 mg of Morphine equivalent recommended daily. . There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.

**Valium 10mg # 30:** 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 rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Valium along with muscle relaxants and opioids for several months. Long-term use leads to addiction and toxicity. Continued and chronic use of Valium is not medically necessary.