

<b>Case Number:</b>	CM15-0185399		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/07/2004
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Montana

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:

This is a 63 year old male with a date of injury on 1-7-2004. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury with post-concussive headaches ongoing; post-traumatic stress disorder, development of depression and anxiety following industrial onset; cognitive deficit following head injury; lumbar sprain-strain with degenerative joint disease and cervical sprain-strain with severe cervical spondylosis per imaging studies. Medical records (4-28-2015 to 8-3-2015) indicate ongoing neck and back pain. The injured worker also reported headaches, depression, anxiety and panic disorder. On 8-3-2015, the injured worker reported 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. Per the treating physician (8-3-2015), the injured worker remained on social security disability. The physical exam (8-3-2015) revealed limited range in all planes of neck and back. Treatment has included a home exercise program and medications. The injured worker has been prescribed Tylenol #4 since at least 4-28-2015 (previous notes document Tylenol #3), Ativan since at least 5-26-2015 (previous notes document Clonazepam) and Valium on 8-3-2015. The treating physician indicates (8-3-2015) that urine drug screens have been appropriate. The request for authorization dated 8-6-2015 included Tylenol #4, Valium and Ativan. The original Utilization Review (UR) (8-19-2015) denied requests for Valium, Ativan and Tylenol #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium TAB 10mg #30: 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): Benzodiazepines.

**Decision rationale:** Diazepam (Valium) is a benzodiazepine type of medication. The MTUS states that 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. 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 and anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records show that Valium (diazepam) was a newly prescribed medication on 8-3-15. It is given for muscle spasm as well as anxiety and panic episodes. Utilization Review has not certified another benzodiazepine, Ativan. As such, the short-term use of diazepam is consistent with the MTUS guidelines, which note that it is not recommended for long-term use. The request for Valium TAB 10mg #30 is medically necessary.

**Ativan TAB 1mg #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:** Ativan (lorazepam) is a benzodiazepine type of medication. The MTUS states that 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. 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 and anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records show that Ativan has been prescribed on a long-term basis since at least 4-26-15. It has been used beyond the recommended limit of 4 weeks. The ongoing use of Ativan is not consistent with the MTUS guidelines, which note that it is not recommended for long-term use. The request for Ativan TAB 1mg #30 is not medically necessary.

**Tylenol No. 4 #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Tylenol #4 is an opioids containing acetaminophen and 60 mg of codeine. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of opioids requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Pain contracts or opioid agreements should be in place and weaning may be appropriate over time. Urine drug screening should be considered to ensure proper use of the medications. For long-term use of opioids the MTUS recommends not attempting to lower the dose if it is working. In this case the medical records show that the injured worker has been on a regimen of Tylenol #4 since 4/28/15. Prior to that he was on Tylenol #3 on a long-term basis. The medical records do note that the medications allow for 50% pain reduction and functional improvement with ability to perform activities of daily living. A pain contract is in place. Urine drug screening is apparently being performed and is consistent with the current regimen, although the results are not included in the records reviewed. With continued pain relief and functional improvement, the prior UR decision is reversed. The request for Tylenol No. 4 #90 is medically necessary.