

<b>Case Number:</b>	CM15-0199317		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Emergency 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 injured worker is a 60 year old male who sustained an industrial injury on 04/09/2002. Medical records indicated the worker was treated for low back pain and spasm. In the provider notes of 09-23-2015, there is a SOAP note stating subjectively "S" that the injured worker presented to discuss a tens unit and pain medication. The note says the worker is using an old transcutaneous electrical nerve stimulation (TENS) unit at home, and is "burning" his back up using the unit. Subjectively his pain and spasm are worse since he has been off his medications. Objectively "O" is not filled in. Assessment "A" states degenerative disc disease, chronic low back pain, and crushed vertebra. Plan or "P" follows "will try to get supplies and refills. Keep follow-up appointment sooner if any problem". The medical records are limited. No objective assessments of his back are included. A request for authorization was submitted for Hydrocodone 10/325 MG #180, Diazepam 10 MG #90, and Zolpidem 12.5 MG. A utilization review decision 10/02/2015 modified the Hydrocodone to 1 prescription Hydrocodone 10/325 MG #66 between 09-23-2015 and 11-27-2015. The Diazepam and Zolpidem requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 MG #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Hydrocodone 10/325 MG #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain and spasms. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 10/325 MG #180 is not medically necessary.

**Diazepam 10 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The requested Diazepam 10 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, page 24, note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has low back pain and spasms. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Diazepam 10 mg #90 is not medically necessary.

**Zolpidem 12.5 MG:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Zolpidem 12.5 MG is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a

prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has low back pain and spasms. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Zolpidem 12.5 mg is not medically necessary.