

<b>Case Number:</b>	CM15-0202231		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: North Carolina  
 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 62 year old male, who sustained an industrial injury on July 23, 2012. The injured worker was diagnosed as having lumbar post laminectomy pain syndrome, lumbar herniated disc, lumbar spinal stenosis, lumbago, sacroiliitis, cervical post laminectomy pain syndrome, cervicgia, and myofascial pain syndrome. Treatment and diagnostic studies to date has included physical therapy, cervical epidural in 2012, lumbar epidural in 2012, status post cervical fusion and discectomy status post thoracic twelve kyphoplasty in 2014, lumbar fusion and decompression, magnetic resonance imaging of the neck, back, and knees, computed tomography of the neck and back, and electromyogram with nerve conduction study to the bilateral upper and lower extremities. In a progress note dated August 31, 2015 the treating physician reports complaints of aching, throbbing, burning, stabbing, and shooting pain to the neck, bilateral shoulders, bilateral arms, bilateral wrists, mid to low back, bilateral hips, bilateral knees, and the bilateral ankles along with complaints of muscle cramps and spasms to the back and hip, numbness and tingling to the neck that radiates to the arms, and numbness and tingling from the back to the toes. Examination performed on August 31, 2015 was revealing for tenderness to the bilateral upper, middle, and the lower cervical paraspinal muscles and bilateral middle trapezial muscles, decreased range of motion to the cervical spine, tenderness to the bilateral mid to low lumbar paraspinal muscles and the bilateral sacroiliac joints, and decreased range of motion to the lumbar spine. The injured worker's pain level on August 31, 2015 was rated a 9 to 10 out of 10 on the pain scale, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and

after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of his medication regimen. On August 31, 2015 the injured worker's current medication regimen included Dilaudid and Valium with an unknown start date. On August 31, 2015 the treating physician requested the medications of Valium 10mg with a quantity of 15 and Dilaudid 2mg with a quantity of 30 noting current use of these medications. On October 05, 2015 the Utilization Review determined the requests for Valium 10mg with a quantity of 15 and Dilaudid 2mg with a quantity of 30 to be non-certified.

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

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

#### **Valium 10 MG #15: 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): Benzodiazepines.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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 effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.

#### **Dilaudid 2 MG #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): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in

function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.