

Case Number:	CM15-0204285		
Date Assigned:	10/21/2015	Date of Injury:	10/16/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 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:

The applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 16, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve requests for diazepam (Valium) and hydromorphone (Dilaudid). The claims administrator referenced an October 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 2, 2015, the applicant reported ongoing complaints of low back pain. Activities of as basic as sitting, standing, walking remain problematic, the treating provider reported. The attending provider contended the applicant would nevertheless need to continue Dilaudid, Valium and Lyrica. In another section of the note, it was stated the applicant was using a second short-acting opioid, Percocet. Limited lumbar range of motion was appreciated. The applicant exhibited difficulty walking on his toes and heels, it was reported. Multiple medications were renewed, including the Dilaudid and Valium at issue. The applicant's permanent work restrictions were likewise renewed. The attending provider contended that the applicant would "never be able to return to the workforce," suggesting that the applicant was not, in fact, working as of this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg 1 tablet twice daily by mouth as needed for 45 days #90 with no refills:
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: No, the request for diazepam (Valium), a benzodiazepine agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purpose whether employed for sedative effect, hypnotic effect, anxiolytic effect, anti-convulsant, or muscle relaxant effect, with most guidelines limiting usage of the same to 4 weeks. Here, thus, the request for continued usage of Valium was at odds with MTUS parameters. The attending provider did not, it is incidentally noted, state for what issue, diagnosis, and/or symptoms Valium had been employed here. Therefore, the request was not medically necessary.

Hydromorphone 4mg 1 tablet every 4 hours by mouth as needed for 45 days #270 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: Similarly, the request for hydromorphone (Dilaudid), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, Dilaudid and Percocet, as of the October 2, 2015 office visit at issue. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was off of work. The treating provider noted on October 2, 2015 that it is unlikely that the applicant would ever return to the workforce. Activities as basic as sitting, standing, walking remain problematic. The applicant was still in significant pain on that date. All of foregoing, taken together, suggested that the applicant failed to profit from ongoing Dilaudid (hydromorphone) usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of the same. Therefore, the request was not medically necessary.