

<b>Case Number:</b>	CM15-0220717		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 38 year old male who reported an industrial injury on 5-23-2014. The medical records noted a second industrial injury, of the low back, on 10-5-2005. His diagnoses, and or impressions, were noted to include: lumbar stenosis, radiculopathy, and radiculitis-neuritis; lumbar inter-vertebral disc displacement; status-post lumbar spine surgery; pain in the lumbar spine-lumbago; mononeuropathy; enterpathic vertebral arthropathies. MRI was done on 2-18-2015. His treatments were noted to include: lumbar laminectomy (2007) with post-operative physical therapy; and rest from work. The progress notes of 10-21-2015 were incomplete, but were noted to report: a flare-up in his chronic low back pain which had improved for a while following his laminectomy in 2007. The objective findings were not noted to include examination findings in the pages provided, but did include: that MRI diagnosed multi-level disc disease with perineural fibrosis, recurrent disc herniation and modic changes, and that EMG-NCS showed right-sided lumbar radiculitis; bilateral weakness in ankle plantar flexion and dorsiflexion; right > left sensory disturbances; and that the progress notes of 5-28-2015 were reviewed suggesting the option of surgical intervention, and that he wished to have some time to think about proceeding with surgery. The physician's requests for treatment were also not noted to be included in the pages provided. The Utilization Review of 10-22-2015 non-certified the request for post-operative Percocet 10-325 mg, #100, and Diazepam 5 mg, #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Percocet 10/325mg #100 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal a urine drug screen, signed pain agreement, or treatment plan for opioids. The documentation indicates that the lumbar surgery was deemed not medically necessary. There is no clear rationale for why this Percocet is being prescribed, evidence of functional improvement on prior opioids, or evidence of the MTUS opioid prescribing recommendations therefore the request is not medically necessary.

**Diazepam 5mg #100: 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:** Diazepam 5mg #100 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is no clear rationale for why this medication is being prescribed. The MTUS does not recommend this medication long term. The request for Diazepam is not medically necessary.