

<b>Case Number:</b>	CM15-0040993		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/07/1999
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 42 year old female, who sustained an industrial injury on January 7, 1999. The injured worker was diagnosed as having lumbago, lumbar/thoracic radiculitis, trochanteric bursitis, Si joint dysfunction. Treatment to date has included lumbar laminectomy, medications, imaging of the spine, TENS, and physical therapy. Currently, the injured worker complains of continued low back pain and lower extremity pain more to the right. She describes the pain as burning, aching pain and notes that it increases with activity. Her Percocet is helping and spasms are controlled with mild activity. The pain is located in the lumbar-sacral spine, in the left lower back, the midline of the lower back and in the right lower back. She rates the pain a 4 on a 10-point scale with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient have been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 5/325mg, #90 is not medically necessary.

**Gabapentin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Gabapentin cannot be certified without documentation of efficacy. Gabapentin has been used for a long time without documentation of functional improvement. Therefore the request for Gabapentin 300mg #60 is not medically necessary.

**Diazepam 10mg #30:** 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); Benzodiazepines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient has insomnia. Diazepam has been used for more than 4 weeks without recent documentation of functional improvement. Therefore, the prescription of Diazepam 10mg #30 is not medically necessary.