

<b>Case Number:</b>	CM15-0046311		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, California

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 55-year-old female, who sustained an industrial injury on 12/27/2000. She reported she suffered a low back injury after lifting a box that weighed approximately sixty pounds. The injured worker was diagnosed as having lumbar spondylosis; lumbosacral disc disease; lumbar radiculopathy; chronic pain syndrome; psychological factors affecting physical condition; depression; essential tremor; sleep disorder; neuropathic pain right hand (carpal tunnel syndrome). Treatment to date has included status post anterior and posterior lumbar fusion L4-5 and L5-S1 (2009); incisional herniorrhaphy (2010); recurrent incisional herniorrhaphy laparoscopic repair with mesh (2013). Currently, per PR-2 note dated 2/27/15, the injured worker complains of low back pain and bilateral leg pain. The pain is described as aching, burning, and stabbing in her thoracic and lumbar region, aching numbness and pins and needles in her right forearm, pins and needles and numbness in feet and very painful stabbing pain in her abdominal region. The provider notes demonstrate the injured worker may have another recurrence of her abdominal hernia as an examination notes a large bulge in the left abdomen. The notes for this date indicate the provider is discontinuing the Dilaudid, as it is no longer beneficial and replacing it with Oxy IR 15mg. The other medications will remain (Diazepam 5mg and Lamictal 200mg #60).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) Chapter.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, and anticonvulsant and muscle relaxant. In this case, the claimant had been on Diazepam for several months. Specific indication for continued use was not specified but likely used for insomnia history. The Diazepam is not indicated for long-term use as noted above and continued use is not medically necessary.

**Lamictal 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPTICS Page(s): 16.

**Decision rationale:** According to the guidelines, Lamictal is an anti-epileptic. It has been proven for trigeminal neuralgia, HIV and stroke pain. It is not 1st line for chronic pain or depression. In this case, the claimant does not have diagnoses to support its use and is not medically necessary.

**Dilaudid 4mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Opioids are not indicated for mechanical or compressive etiologies. They are not considered 1st line for chronic back pain. In this case, the claimant had 8/10 pain on Dilaudid and was noted not to be beneficial. The claimant was on Fentanyl and OxyIR which also did not benefit the pain significantly- confirming that no one class of opioid is superior to another and long-term use can lead to tolerance of medication. The Dilaudid use cannot be substantiated based on the above and is not medically necessary.