

<b>Case Number:</b>	CM15-0089617		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31-year-old male, who sustained an industrial injury on 4/20/09. The injured worker has complaints of lumbar spine pain radiating into the bilateral lower extremities. The documentation noted on examination the lumbar spine had decreased range of motion. The diagnoses have included lumbar discopathy; lumbar radiculopathy; lumbar facet joint pain and sacroiliac joint pain. Treatment to date has included pain management; injections; psychological/psychiatric treatment; hydrocodone/acetaminophen; naproxen; diazepam; esomeprazole; vyvanse and magnetic resonance imaging (MRI) of the lumbar spine on 11/12/14 showed a small synovial cyst measuring 2 millimeter extending posteriorly from the left L4-L5 facet joint, no direct compromise of the central spinal canal or neural foraminal narrowing is seen related to the synovial cyst, L5-S1 (sacroiliac) and there is a disc bulge measuring 1-2 millimeter. The request was for diazepam 5mg #30 and hydrocodone/acetaminophen 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #30:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Diazepam 5mg #30. The treating physician states in the report dated 3/17/15, "Diazepam 5mg, 1 tablet daily." (6B) The MTUS guidelines state, "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." In this case, in the records provided for review, it does not appear that the treating physician has prescribed this medication to the patient prior to this request. The current request is medically necessary.

**Hydrocodone/APAP 10/325mg #60:** 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): 74-96.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Hydrocodone/APAP 10/325mg #60. The treating physician states in the report dated 3/17/15, "Hydrocodone/APAP 10/325mg #60, 1 tablet every 6 hours, prn." (6B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has reduced pain with medications but did not document any before or after pain scales, if the patient is able to perform ADLs, or if the patient has had any side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation of the 4 A's. The current request is not medically necessary.