

<b>Case Number:</b>	CM14-0114702		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a female patient with a date of injury of November 30, 2009. A utilization review determination dated July 11, 2014 recommends non-certification of diazepam 2 mg #40 with modification to #20 for weaning purposes, Motrin 800 mg #90, and Ultram 50 mg #120 with modification to #60 for weaning purposes. A progress note dated June 18, 2014 identifies subjective complaints of unchanged condition, the patient reports that it hurts to lift her left arm, worsened emotional well-being, average pain level of 10/10, with the medications her pain level is a 9/10, without medications her pain level is a 10/10, the patient admits to not be doing prescribed home exercises, and the patient denies any side effects to her current medications. Physical examination is unchanged since the previous visit. There are no listed diagnoses. The treatment plan recommends tramadol 50 mg, ibuprofen 800 mg, and diazepam 2 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 2 mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 24 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter, Benzodiazepines

**Decision rationale:** Regarding the request for diazepam 2mg #40, Chronic Pain Medical Treatment Guidelines state the 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued; fortunately, there is a provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested diazepam 2mg #40 is not medically necessary.

**Motrin 800 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Motrin 800mg #90, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin 800mg #90 is not medically necessary.

**Ultram 50 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultram 50mg #120, California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) as the patient reports a minimal reduction of her pain level from a 10/10 without medications and a 9/10 with medications.

Furthermore, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued; fortunately, there is a provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram 50mg #120 is not medically necessary.