

<b>Case Number:</b>	CM14-0154210		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational Medicine 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:

Injured worker (IW) is a 46 year old female who sustained an industrial injury to the upper extremities on 08/27/11. Documented treatment to date has included right and left carpal tunnel releases in 2012, injections to the right shoulder and right wrist, TENS unit, hot/cold wrap, right wrist brace, and medications. IW has been receiving hydrocodone/APAP (Vicodin ES) and diazepam (Valium) on a long-term basis. Per office notes, use of Vidodine ES has been associated with 90% improvement of IW's pain and 90% improvement of activities of daily living such as self-care and dressing. Up-to-date pain contract was noted and provider stated that previous UDS were consistent with no aberrant behaviors. Injured worker has been receiving diazepam for sleep following failure of Ambien and Silenor and treating physician reports that that diazepam provided 3 additional hours of sleep per night. An evaluation for possible sleep disorder or use of sleep hygiene measures is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg, # 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78 OF 127.

**Decision rationale:** MTUS criteria for on-going management of opioids require that the "4 A's of Ongoing Monitoring" be addressed: 1) Pain relief--treating physician has documented 90% pain relief with hydrocodone/APAP 2) Side effects--no significant medication side effects are documented in this case 3) physical and psychosocial functioning--while IW remains occupationally disabled, hydrocodone/APAP is documented to facilitate activities of daily living and is associated in 90% improvement in ability to perform activities such as self-care and dressing 4) potentially aberrant drug-related behaviors--an opioid agreement is in place and significant noncompliance is not documented per urine drug screens. Based upon the submitted documentation, MTUS recommendations for ongoing use of opioids are met. IW appears to be receiving significant symptomatic and functional benefit from use of a stable dose of Vicodin ES and significant aberrant behaviors are not noted. The request for Hydrocodone 7.5/325 #180 is medically necessary and appropriate.

**Diazepam 10mg # 30:** 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 Benzodiazepines Page(s): 24 OF 127.

**Decision rationale:** Diazepam is a benzodiazepine which, according to MTUS Chronic Pain Guidelines, is not recommended for long-term use because long-term efficacy of benzodiazepines is unproven and there is risk for dependence. Most guidelines limit use to 4 weeks. MTUS notes that tolerance to the hypnotic effects of benzodiazepines develops rapidly. Therefore, the benzodiazepine diazepam is not an appropriate drug for long-term management of insomnia. The request for Diazepam 10 mg #30 is not medically necessary and appropriate.