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| <b>Case Number:</b>   | CM14-0100888 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 11/12/2000 |
| <b>Decision Date:</b> | 06/25/2015   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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. 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 male, who sustained an industrial injury on 11/12/00. The injured worker was diagnosed as having lumbar radiculopathy, mood disorder, and post lumbar laminectomy syndrome. Treatment to date has included lumbar fusion and removal, second lumbar fusion in 2001, physical therapy, cervical epidural steroid injection, lumbar epidural steroid injection, facet injections, trigger point injections, acupuncture, chiropractic treatment, psychotherapy, TENS and medications such as MS Contin 15mg, MS Contin 60mg, Valium 1mg, and Xanax 1mg. The injured worker had been taking MS Contin and Valium since at least 1/21/14. Currently, the injured worker complains of lower backache. The treating physician requested authorization for Valium 10mg #84, MS Contin 60mg #84, and a quantitative urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF VALIUM 10MG, #84: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZAPINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for 1 PRESCRIPTION OF VALIUM 10MG, #84 is excessive and not medically necessary.

**1 PRESCRIPTION OF MS CONTIN 60MG, #84:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the 4 As (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of morphine. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were available in the documentation. A previous UDS was consistent with prescribed medications. However, since there is no documentation of CURES report in the records available for my review, the request is not medically necessary.

**1 QUANTITATIVE URINE DRUG TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain Urine drug testing.

**Decision rationale:** The utilization review physician stated that a UDS is not medically necessary because the IW had another one performed within the past six months, and cited ODG guidelines indicating that individuals at "low" risk apply in this case. The ODG citation does not clearly delineate what qualifies as low, medium, and high risk. However, it is not clear that this injured worker is low risk. He has depression for which he is being treated, and CBT has been requested to help with pain coping skills. He is utilizing two different benzodiazepenes, and he is on greater than 120mg of morphine equivalent dose/day. The request would be medically necessary if he were to remain on benzodiazepenes and morphine. However, since these two medications are being found to not be medically necessary, the UDS is therefore not medically necessary.