

<b>Case Number:</b>	CM14-0218494		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/14/2001
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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

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 (IW) is a 64 year old female, who sustained an industrial injury on 2/14/2001. She has reported low back and neck pain with radiating pain to the bilateral calves and feet and was diagnosed with depression, anxiety, lumbago and sciatica. Treatment to date has included radiographic imaging, diagnostic studies, surgical consultation, surgical intervention in 2002 and pain medications. Currently, the IW complains of low back and neck pain with associated pain, tingling and numbness in bilateral lower extremities. The IW is a 64 year old female who was training as a bread stacker when a pan of bread fell and struck her head resulting in cervical pain. Following surgical intervention, the IW used oral pain medication. On October 10, 2014 the IW presented with complaints of ongoing low back pain, neck pain and pain in the lower extremities. She reported the pain was improved with pain medications. Evaluation on December 18, 2014, revealed the same complaints. No documentation of previous conservative therapies was included in the documentation. On December 18, 2014, Utilization Review partially certified a request for 60 tablets of 10mg diazepam, 90 tablets of hydrocodone/APAP 10/355mg, 90 tablets of ibuprofen 800mg and 30 tablets of Venlafaxine ER 150mg noting the MTUS, ACOEM Guidelines, (or ODG) were cited. On 12/30/2014, the injured worker submitted an application for IMR for review of requested 30 tablets of 10mg diazepam, 45 tablets of hydrocodone/APAP 10/355mg, 90 tablets of ibuprofen 800mg and 30 tablets of Venlafaxine ER 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Diazepam 10mg: 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.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for #60 tablets of diazepam 10 mg. The MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: 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, the treating physician has prescribed this medication since at least 01/27/2014. Benzodiazepines are not recommended for long-term use; therefore, the requested diazepam IS NOT medically necessary.

**90 Tablets of Hydrocodone/Acetaminophen 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for #90 tablets of hydrocodone/acetaminophen 10/325 mg. For chronic opiates, 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 4 A's including analgesia, ADLs, adverse side effects, adverse 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. Review of the medical file indicates the patient has been utilizing hydrocodone/acetaminophen since at least 01/27/2014. Progress report dated 09/05/2014 notes that medications help alleviate patient's symptoms. There is no further discussion regarding the efficacy of this medication. There is no documentation of specific functional improvement, changes in ADLs, or change in work status to show significant functional improvement. The medical file includes multiple urine drug screens, but there is no discussion of possible aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested hydrocodone/acetaminophen IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

**90 Tablets of Ibuprofen 800mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen (Motrin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22,.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for #90 tablets of ibuprofen 800 mg. The utilization review denied the request stating that the efficacy of this medication was not provided. Regarding NSAID's, MTUS Chronic Pain Medical Treatment Guidelines, page 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs -NSAIDs- in chronic LBP and of antidepressants in chronic LBP." According to progress report dated 09/05/2014 and 10/10/2014, current medications provide symptom relief. Given the patient's continued pain and documentation of relief with current medications which includes ibuprofen, the request IS medically necessary.

**30 Tablets of Venlafaxine ER 150mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 14 and 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for #30 tablets of venlafaxine ER 150 mg. The utilization review denied the request stating that there is a lack of documentation of objective functional improvement and psychological assessment to warrant such medication. For antidepressants, the MTUS Guidelines, page 13 to 15, state, "The venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder, social phobias. Off-label uses for fibromyalgia, neuropathic pain, and diabetic neuropathy." Given the patient's diagnosis of depression, objective findings of neuropathic pain, and the treating physician's documentation that current medications relieved symptoms, the requested venlafaxine IS medically necessary.