

<b>Case Number:</b>	CM14-0059673		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 55-year-old who has filed a claim for chronic neck, hip, low back, and knee pain reportedly associated with an industrial injury of April 8, 2004. In a Utilization Review report dated April 17, 2014, the claims administrator partially approved requests for OxyContin and Valium, apparently for weaning or tapering purposes. The claims administrator referenced a progress note of April 9, 2014 in its determination. The applicant's attorney subsequently appealed. In a September 11, 2013 progress note, the applicant reported ongoing complaints of low back, hip, and knee pain. The applicant's medications included Ambien, Valium, dyazide, Motrin, Lexapro, Dilaudid, and OxyContin. It was stated that the applicant was using Valium twice daily and Ambien at nighttime. The applicant had derivative complaints of depression, superimposed on ongoing issues with neck and low back pain, it was reported. Valium was being employed for anxiolytic effect, the treating provide reported. Additional physical therapy was sought. The applicant's work status was not furnished. On March 7, 2014, Valium, Lexapro, Dilaudid, OxyContin, and Ambien were renewed. In an October 30, 2013 progress note, the applicant was described as severely obese, with BMI of 40. The applicant was using a walker to move about owing to heightened complaints of neck and low back pain. OxyContin, Dilaudid, Ambien, Valium, and Lexapro were renewed. Permanent work restrictions were imposed. The attending provider stated that the applicant's medications were attenuating his pain complaints from 9/10 without medications to 6/10 with medications. The attending provider stated that the applicant would be homebound without his medications and/or unable to perform activities of self-care and personal hygiene without his medications. On April

9, 2014, the applicant again reported multifocal complaints of low back, hip, and knee pain. The applicant's pain complaints had heightened, it was acknowledged. The applicant's medications included Diovan, Dilaudid, OxyContin, Lexapro, Valium, and Ambien, it was stated. The applicant was using old Duragesic patches from an expired prescription, the treating provider acknowledged. The applicant was severely obese, with BMI of 41, it was reported. The applicant was changing his Duragesic patches on a daily basis. The applicant was still using Valium for anxiolytic effect. The attending provider again stated that the applicant's ability to perform activities of self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption. The attending provider stated that the applicant's pain scores had been reduced from 9/10 without medications to 6-7/10 with medications. Ultimately, OxyContin, Dilaudid, Ambien, Valium, and Lexapro were renewed, as were the applicant's permanent work restrictions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 80 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 78; 80.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the applicant was apparently using two separate long-acting opioids, Duragesic and OxyContin, it was reported on a progress note of April 9, 2015. The applicant was, moreover, apparently using leftover Duragesic from a historical prescription, the treating provider suggested. Continued usage of OxyContin in conjunction with Duragesic, thus, ran counter to the principle articulated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which included evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work following imposition of permanent work restrictions. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using a walker to move about. While the attending provider did report some reduction in pain scores from 9/10 without medications to 6/10 with medications, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing OxyContin usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful or material improvement in function

effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

**Diazepam 5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for diazepam (Valium), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium (diazepam) may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant had seemingly been using diazepam (Valium) for what appeared to have been a minimum of several months to several years, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.