

<b>Case Number:</b>	CM15-0001993		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Massachusetts  
 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 injured worker is a 66-year-old female, who sustained an industrial injury on 08/12/2011. According to a progress report dated 12/01/2014, the injured worker was seen for low back pain. Pain was chronic and was worsening with treatment. Bilateral low back pain radiated to the left buttock. Pain was rated 1 on a scale of 1-10 with the worse pain rated as 6. Diagnoses included displacement of lumbar intervertebral disc without myelopathy and lumbar post laminectomy syndrome. Treatment plan included Vicodin, Diazepam, and Flector transdermal patches. Treatment to date has included aquatic therapy, chiropractic care, medications, electrodiagnostic studies and a home exercise program. Currently under review is the request for Vicodin and Diazepam. Documentation submitted for review shows that the injured worker was utilizing Diazepam and Vicodin in 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5mg 300mg x30 tablets:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. The peer reviewer states, "There is no indication as to the level of relief from the current medications. In addition there is no indication as to the patient's history of medication compliance, such as urine toxicology screen along with narcotic contract". From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of short-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, dosage is well below recommended upper dosage limit, there is an updated opioid contract, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. While UDS should be routinely obtained, omission of UDS documented in the records is not cause (based on the cited guidelines) to deny the requested medication. Consequently, continued use of Vicodin is supported by the medical records and guidelines as being medically necessary.

**Diazepam 5mg x20 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the MTUS guidelines, benzodiazepines such as the above medication is 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 week. Additionally, the guidelines state, "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety". The patient has been on this specific benzodiazepine medication for much longer more than 4 weeks and there is no cited objective efficacy in the provided medical records to support continued use. Consequently, the medical records and cited guidelines do not support continued use of this medication at this time.