

<b>Case Number:</b>	CM15-0004779		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/17/1999
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 49-year-old male, with a reported date of injury of 12/17/1999. The diagnoses include failed back syndrome and lumbar radiculopathy. Treatments have included oral pain medications, a topical pain medication, an MRI of the cervical spine on 05/01/2014, which showed straightening of the cervical lordosis, small superimposed left posterolateral protrusion with osteophytes at C5-6, and very slight disc bulge without stenosis at C6-7, an x-ray of the cervical spine on 04/21/2014, which showed mild lower cervical spine spondylosis and degenerative disc disease, and an x-ray of the lumbar spine on 10/04/2013. The progress report dated 12/08/2014 indicates that the injured worker continued to have chronic back pain. He was fairly stable with his current medication regimen. The injured worker was taking Dilaudid 8mg 4 per day, fentanyl patches 50mcg changing every 2 days, and Valium 10mg 2 per day. It was noted that his pain was unchanged in location and intensity. The injured worker rated his pain a 6 out of 10 with medication. On 12/23/2014, Utilization Review denied the request for Valium 10mg #60 two (2) per day, with no refills and Dilaudid 8mg #120, four (4) per day, with no refill, noting that there was no indication of a current pain level, the least reported pain over the period since the last assessment, the average pain, how long it takes for pain relief, how long the pain relief lasts, and how long the injured worker had been taking the Valium. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10, 2 per day #60, on refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg one PO b.i.d. #60 with no refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit used for weeks. In this case, the injured worker's working diagnoses are failed back syndrome; and lumbar radiculopathy. Subjectively, the injured worker has continued back pain, but is stable with current medication. Objectively, there are no objective findings documented. The documentation shows a Valium 10 mg was prescribed as far back as June 13, 2013. There is no documentation containing objective functional improvement indicating efficacy for Valium. Additionally, the Valium is not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Consequently, absent clinical documentation with objective functional improvement to support the long-term use of Valium in contravention of the guideline recommendations (no longer than two weeks), Valium 10 mg one PO BID #60 with no refills is not medically necessary.

**Dilaudid 8mg, 4 per day #120, no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79 & 87.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 8 mg one tablet four times a day #120 with four refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing obedience. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function for improved quality of life the lowest possible dose should be prescribed pain and function. In this case, the injured worker's working diagnoses are failed back syndrome; and lumbar radiculopathy. Subjectively, the injured worker has continued back pain, but is stable with current medication. Objectively, there are no objective findings documented. The documentation shows Dilaudid was prescribed as far back as June 13, 2013. There is no documentation containing objective functional improvement

indicating Dilaudid's efficacy. The documentation does not show an attempt to wean the injured worker of the opiate. Additionally, there were no detailed pain assessments in the medical record and there were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Dilaudid, Dilaudid 8 mg one tablet four times a day #120 with four refills is not medically necessary.