

<b>Case Number:</b>	CM15-0018270		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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  
 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 was a 65 year old female, who sustained an industrial injury, December 1, 2001. The original injury was caused from a fall off ladder, the injured worker landed on in the floor in a seated position. The injured worker suffered a compression fracture. According to progress note of December 23, 2014, the injured workers chief complaint was back pain and spasms. The injured worker was paying for valium out of pocket. The injured worker had tried Baclofen with no significant effect. The injured worker also, requested the brand name of Dilaudid as generic formulation was not as effective for the chronic back pain. The injured worker's pain level remains a 5 out of 10; 0 being no pain and 10 being the worse, even with the intrathecal pain pump implant. The injured worker was diagnosed with lumbar degenerative disc disease, post laminectomy syndrome of the lumbar region, lumbago, sciatica, chronic back pain status post fusion and status post intrathecal pump implantation. The injured worker previously received the following treatments laboratory studies, random urine toxicology testing, vertebroplasty, injection treatments, epidural steroid injections, lumbar spine fusion in 2007, pain management specialists, intrathecal pain pump implant in 2011 which help, however the pump only helped to a certain degree, but the pain control was still not satisfactory. On December 30, 2014, the primary treating physician requested renewals for prescriptions for Dilaudid 4mg #120 and Valium 5mg #60 with 3 refills. On January 16, 2015, the UR denied authorization for prescriptions for Dilaudid 4mg #120 and Valium 5mg #60 with 3 refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. 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 drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. The pain management reports dated 11-25-2014 and 12-23-2014 documented clinical evaluations of the patient by pain management specialists. Medical history includes T12 compression burst fracture 12-11-2001, T12 vertebroplasty 03-05-2002, T11-L1 fusion 03-01-2006, and IDDS implantable drug delivery system November 2011. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Opioid contract was signed by the patient. The request for Dilaudid is supported by MTUS guidelines. Therefore, the request for Dilaudid is medically necessary.

**Valium 5mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepine Valium (Diazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Valium is not supported. Therefore, the request for Valium is not medically necessary.