

<b>Case Number:</b>	CM15-0122049		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 18, 2013. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve requests for Norco and Valium. The claims administrator referenced an RFA form received on June 3, 2015 in its determination. A pharmacist (PharmD), it is incidentally noted, wrote the report. A clinical progress note of June 9, 2015 was also referenced in the determination. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant underwent a lumbar epidural steroid injection. On June 9, 2015, the applicant reported ongoing complaints of low back pain with associated right lower extremity radicular pain complaints. The applicant had derivative complaints of depression, it was reported. Lifting, standing, and carrying remained problematic, the treating provider reported. The applicant was on Flexeril, Valium, Neurontin, Norco, Medrol, Mobic, Naprosyn, and oxycodone, it was reported. It was acknowledged that the applicant's standing and walking tolerance was limited secondary to pain. A permanent 20-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On June 7, 2015, the applicant presented to the Emergency Department reporting a flare in pain. The applicant was given a shot of Decadron and discharged on Valium, Motrin, and tramadol. On May 29, 2015, the applicant was asked to pursue an epidural steroid injection. Norco was renewed. The applicant's medication list reportedly included Flexeril, Neurontin, Norco, Mobic, Naprosyn, and oxycodone. Once again, it was not clearly stated when the applicant's medication list was last updated, nor was it stated whether the applicant was or was not working with permanent

work restrictions in place. The remainder of the file was surveyed. There was no mention of the applicant's using Valium on historical progress notes of April 1, 2015, April 29, 2015, or May 29, 2015.

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

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

#### **Hydrocodone 10mg - Acetaminophen 325mg #150: 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 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-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 attending provider did not set forth or establish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, oxycodone and Norco. The applicant was described as using both oxycodone and Norco on the June 9, 2015 office visit at issue. The applicant likewise seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, it did not appear that the applicant had returned to work following imposition of permanent work restrictions. The attending provider failed to clearly report the applicant's work status on the June 9, 2015 office visit at issue. The attending provider failed to outline meaningful or material improvements in function affected as a result of ongoing Norco usage (if any) on that date. The attending provider's failure to report the applicant's work status, coupled with the applicant's reports of heightened pain on June 9, 2015, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

#### **Diazepam 5mg #15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Conversely, the request for diazepam (Valium), a benzodiazepine, was medically necessary, medically appropriate, and indicated here. While page 24 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that benzodiazepines such as Valium are not recommended for chronic or long-term use purposes, with most guidelines limiting usage of benzodiazepines to four weeks, here, however, the request for Valium represented a first-time request for the same, initiated on or around June 9, 2015 to combat an

acute flare in pain reported on that date. Historical progress notes of April and May 2015 contained no references to the usage of Valium. It appeared that the applicant was given a limited, 15-tablet supply of Valium (diazepam) needed to combat an acute flare of pain which manifested on or around the date in question, June 9, 2015. Therefore, the 15-tablet supply of diazepam (Valium) was medically necessary.