

<b>Case Number:</b>	CM15-0124678		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/26/2001
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 56-year-old female, with a reported date of injury of 12/26/2001. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include cervical spine spondylosis, status post multiple surgical procedures for the cervical spine, biceps tendinitis of the bilateral shoulders, and bilateral shoulder subacromial impingement syndrome. Treatments and evaluation to date have included oral medications, and heat/ice treatments. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 03/19/2015; an MRI of the cervical spine on 03/13/2015 which showed diffuse disc bulge in the cervical spine with narrowing of the neural foramina bilaterally, spondylosis, and degenerative disc disease; and urine toxicology screening on 01/15/2015. The progress report dated 05/15/2015 indicates that the injured worker had persistent pain in the cervical spine, and pain in both shoulders. The injured worker experienced headaches on the right side of her head. The pain radiated to the scapula on the right and to both upper extremities, and she had numbness and tingling in both upper extremities. She rated her pain 9-10 out of 10. There was limitation in activities of daily living at approximately 10% of normal. It was noted that the medications helped to reduce her symptoms by approximately 35%. The objective findings included flexion and extension of the cervical spine at 10 degrees; and tenderness and spasm to palpation over the cervical paravertebral and trapezius musculature. The rest of the report was not included in the medical records. The progress report dated 04/13/2015 indicates that the injured worker had constant pain in the cervical spine, which was described as severe. It was

noted that the pain was increased with activities and movements of the head and neck. She was only able to perform limited driving. The injured worker also had numbness and tingling in both upper extremities and radiating pain extending to both upper extremities. The injured worker rated her pain 8 out of 10. It was noted that she had limitation in activities of daily living at approximately 60% of normal, and the medications helped to reduce her symptoms by approximately 85% of normal. The objective findings include flexion and extension of the cervical spine at 10 degrees; tenderness and spasm over the cervical paravertebral and trapezius musculature; flexion and abduction of the bilateral shoulders at 60 degrees; tenderness over the trapezial musculature and anterior aspect of the shoulders; normal motor and reflex of the upper extremities; and decreased sensation to both hands. The injured worker was temporarily totally disabled. She was scheduled for re-evaluation in four weeks. The progress report dated 03/16/2015 indicates that the injured worker was temporarily totally disabled. She was scheduled for re-evaluation in four weeks. The treating physician requested Diazepam 10mg #60, Fioricet #60, and Hydrocodone 10/325mg #180.

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

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

**Diazepam 10 MG #60:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The injured worker has been taking Diazepam since at least 12/01/2014. The MTUS does not recommend benzodiazepines as muscle relaxants. There was documentation of tenderness and spasm in the cervical musculature. The rationale for the request for Diazepam was not indicated. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The Diazepam was also prescribed with Hydrocodone, which is an opioid. The request does not meet the guideline recommendations. Therefore, the request for Diazepam is not medically necessary.

**Fioricet #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Fioricet.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend barbiturate-containing analgesic agents (BCAs) for chronic pain. The risk for drug dependence is high and no evidence exists to show a clinically important enhancement of pain reliever effectiveness of BCAs due to the barbiturate ingredients. There is a risk of medication overuse as well as rebound headache. The injured worker had chronic cervical spine and bilateral shoulder pain. She has been taking Fioricet since at least 12/01/2014. The non-MTUS Official Disability Guidelines indicate that Fioricet is not recommended. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The request does not meet guideline recommendations. Therefore, the request for Fioricet is not medically necessary.

**Hydrocodone 10/325 MG #180:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been taking Hydrocodone since at least 12/01/2014. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The injured worker's current pain level was documented; however, the documentation did not include the rest these items as recommended by the guidelines. The urine toxicology screening dated 01/15/2015 had consistent results. There was no documentation of functional goals, return to work, or improvement in activities of daily living as a result of use of Hydrocodone. Her work status appeared to remain the same. The request does not meet guideline recommendations. Therefore, the request for Hydrocodone is not medically necessary.