

<b>Case Number:</b>	CM15-0048305		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Anesthesiology

### 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 50-year-old male who has reported widespread pain after an injury on 2/26/07. The diagnoses have included lumbar degenerative disc disease, knee fracture, and closed head injury with memory impairment, cervical sprain, bilateral radiculopathy, bilateral shoulder internal derangements, and status post shoulder arthroscopy. Treatment to date has included bilateral shoulder surgery, TENS, physical therapy, massage, acupuncture, and medications. The primary treating physician sees this injured worker every few months and refills the medications now under Independent Medical Review. The available reports do not address the specific results of using any single medication. There are no drug tests planned or discussed. Per the PR2 of 5/9/14, there was no change in status and the injured worker was not working, on disability, and retired. The same medications were continued. Acupuncture and massage were mentioned. Diazepam was stated to be for spasms and an unspecified mood disorder. Per the PR2 of 8/11/14, Norco #60, hydromorphone 4 mg #30, and diazepam 5 mg #60 were refilled. The opioids had two refills. There was ongoing multifocal pain, with no change in status. Function was limited to short durations of light activity. Unspecified medications were reported to help his pain. Per the PR2 of 1/6/15, medication refills were given without an office visit due to social circumstances. The injured worker was reported to be weaning off Norco, diazepam, and hydromorphone. The refills were for Norco #60, hydromorphone 4 mg #60, and diazepam 5 mg #60. On 2/6/15 Utilization Review non-certified Norco, hydromorphone, and diazepam, noting the lack of medical necessity per the MTUS. The Utilization Review referred to medical records from 2014 and a Request for Authorization of 8/11/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count:** 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 Opioid management; Opioids; steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the available reports, there is no evidence of significant pain relief or increased function from the opioids used to date. Function is very limited and pain varies from moderate to high. The specific results of using any single medication are not discussed in the reports. The prescribing physician describes this patient as not working and disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. Although the treating physician has mentioned weaning, there has been no reduction in opioids or benzodiazepines over the last year. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Hydromorphone 4 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids; steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the available reports, there is no evidence of significant pain relief or increased function from the opioids used to date. Function is very limited and pain varies from moderate to high. The specific

results of using any single medication are not discussed in the reports. The prescribing physician describes this patient as not working and disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. Although the treating physician has mentioned weaning, there has been no reduction in opioids or benzodiazepines over the last year. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Diazepam 5 mg, sixty count with one refill.:** 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; Muscle Relaxants, Benzodiazepines Page(s): 24; 66.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. No reports discuss the specific results of taking diazepam. The MTUS does not recommend benzodiazepines for long-term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The MTUS does not recommend benzodiazepines as muscle relaxants. The treating physician has not discussed the details of the mood disorder for which diazepam might be prescribed, and any benefit for that disorder from using diazepam. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.