

<b>Case Number:</b>	CM15-0075802		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 65-year-old male with an industrial injury dated 12/10/2002. His diagnoses included, lumbago, disc degeneration - lumbar, myofascial pain syndrome and long RX use. Prior treatment included medications. He presents on 03/19/2015 with complaints of lower back pain and left shoulder pain. There was full strength in left upper extremity. There was tenderness of the lumbar spine with decreased flexion, decreased extension and decreased lateral bending. Treatment plan included pain medication, stomach protectant medication and muscle relaxant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 20 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient was injured on 12/10/02 and presents with low back pain and left shoulder pain. The request is for Diazepam 20 MG #90. The RFA is dated 04/01/15 and the patient is permanently disabled. He has been taking this medication as early as 02/18/15. MTUS guidelines state on page 24 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient is diagnosed with lumbago, disc degeneration - lumbar, myofascial pain syndrome, and long RX use. He is tender at his lumbar spine, tender at the facet joint, has a decreased flexion/extension, and a decreased lateral bending. The treater does provide any discussion regarding Diazepam. MTUS guidelines do not recommend benzodiazepines use for long-term and limits use to 4 weeks. The requested 90 tablets of Diazepam does not indicate intended short-term use of this medication. Furthermore, the patient has been taking this medication since at least 02/18/15, which exceeds the 4 week limit by MTUS guidelines. The requested Diazepam is not medically necessary.

**Oxycodone 10 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opiates Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 12/10/02 and presents with low back pain and left shoulder pain. The request is for Oxycodone 10 MG #150. The RFA is dated 04/01/15 and the patient is permanently disabled. He has been taking this medication as early as 08/04/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, criteria for use of opiates for long-term users of opiates (6 months or more) states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 08/04/14 report states that the patient has no side effects and rates his pain as a 3/10. The 09/30/14 report indicates that the patient rates his pain as a 2/10 with medications. On 11/18/14, he rated his pain as a 1/10 with medications. The 01/14/15 report says that with medications patient has no pain today. Patient takes pain medication to be able to be active in life. Denies any side effects or impairment from the medication and does not display any aberrant behavior. The 02/18/15 report indicates that the patient rates his pain as a 2/10 with medications. On 03/19/15, he rated his pain as a 3/10 with medications. He has an updated pain agreement on file. In this case, not all 4 A's are addressed as required by MTUS guidelines. Although the treater provides pain scales of the patient's pain with medications, there are no

demonstrate medication efficacy. The patient does not have any side effects/aberrant behavior. The patient had a urine drug screen conducted on 02/18/15 and was consistent with his prescribed medications. However, there are no validated instruments used. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone is not medically necessary.

**OxyContin 20 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opiates Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 12/10/02 and presents with low back pain and left shoulder pain. The request is for Oxycontin 20 MG #90. The RFA is dated 04/01/15 and the patient is permanently disabled. He has been taking this medication as early as 08/04/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, criteria for use of opiates for long-term users of opiates (6 months or more) states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 08/04/14 report states that the patient has no side effects and rates his pain as a 3/10. The 09/30/14 report indicates that the patient rates his pain as a 2/10 with medications. On 11/18/14, he rated his pain as a 1/10 with medications. The 01/14/15 report says that with medications patient has no pain today. Patient takes pain medication to be able to be active in life. Denies any side effects or impairment from the medication and does not display any aberrant behavior. The 02/18/15 report indicates that the patient rates his pain as a 2/10 with medications. On 03/19/15, he rated his pain as a 3/10 with medications. He has an updated pain agreement on file. In this case, not all 4 A's are addressed as required by MTUS guidelines. Although the treater provides pain scales of the patient's pain with medications, there are no before-and-after medication intake pain scales provided. There are no examples of ADLs, which demonstrate medication efficacy. The patient does not have any side effects/aberrant behavior. The patient had a urine drug screen conducted on 02/18/15 and was consistent with his prescribed medications. However, there are no validated instruments used. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin is not medically necessary.

**Prilosec 20 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** The patient was injured on 12/10/02 and presents with low back pain and left shoulder pain. The request is for Prilosec 20 MG #90. The RFA is dated 04/01/15 and the patient is permanently disabled. He has been taking this medication as early as 01/14/15. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.Age greater than 65. 2.History of peptic ulcer disease and GI bleeding or perforation. 3.Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.High dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The reason for the request is not provided. As of 02/18/15, the patient is taking OxyContin, Diazepam, Oxycodone, and Ambien. Although the patient is 65 years old, he does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. Therefore, the requested Prilosec is not medically necessary.