

<b>Case Number:</b>	CM15-0095223		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/24/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 59-year-old male with an industrial injury dated 02/24/2008. His diagnoses included cervicalgia, chronic pain, pain in joint shoulder and insomnia (unspecified). Prior treatments included medications. He presents on 04/02/2015 with complaints of pain in bilateral shoulders and neck. The injured worker states pain remains unchanged and varies with activity. He rates neck pain and bilateral shoulder pain as 5/10. Physical exam revealed neck pain with spasm and bilateral shoulder pain, worse on the left. Office visit dated 03/05/2015 noted limited range of motion of both shoulders with impingement more on the left shoulder. His medications included Percocet, Valium, Halcion and Nucynta. Progress note dated 02/05/2015 states urine toxicology screen was performed. The injured worker was off work. The requested treatments were Halcion 0.25 mg # 30, Nucynta SR 250 mg # 60, Percocet 10/325 # 120 and Valium 10 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** 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 OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 04/02/15 progress report provided by treating physician, the patient presents with pain to neck and shoulders rated 5/10. The request is for PERCOCET 10/325MG #120. RFA not provided. Patient's diagnosis on 04/02/15 included cervicgia, chronic pain, pain in joint shoulder, and insomnia unspecified. Physical examination on 02/05/15 revealed pain to neck and right shoulder. Decreased range of motion and bilateral impingement. Patient's medications include Percocet, Valium, Halcion and Nucynta. The patient is off-work, per 04/02/15 report. Treatment reports were provided from 11/13/14 - 04/02/15. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Percocet has been included in patient's medications, per treater reports dated 03/05/15 and 04/02/15. In this case, treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Valium 10mg #120:** 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 OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 04/02/15 progress report provided by treating physician, the patient presents with pain to neck and shoulders rated 5/10. The request is for VALIUM 10MG #120. RFA not provided. Patient's diagnosis on 04/02/15 included cervicgia, chronic pain, pain in joint shoulder, and insomnia unspecified. Physical examination on 02/05/15 revealed pain to neck and right shoulder. Decreased range of motion and bilateral impingement. Patient's medications include Percocet, Valium, Halcion and Nucynta. The patient is off-work, per 04/02/15 report. Treatment reports were provided from 11/13/14 - 04/02/15. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Valium has been included in patient's medications, per treater reports

dated 11/13/14, 02/05/15, and 04/02/15. In this case, treater has not stated how Valium reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Halcion 0.25mg #30: 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 Pain (Chronic) Chapter, Insomnia treatment.

**Decision rationale:** Based on the 04/02/15 progress report provided by treating physician, the patient presents with pain to neck and shoulders rated 5/10. The request is for HALCION 0.25MG #30. RFA not provided. Patient's diagnosis on 04/02/15 included cervicalgia, chronic pain, pain in joint shoulder, and insomnia unspecified. Physical examination on 02/05/15 revealed pain to neck and right shoulder. Decreased range of motion and bilateral impingement. Patient's medications include Percocet, Valium, Halcion and Nucynta. The patient is off-work, per 04/02/15 report. Treatment reports were provided from 11/13/14 - 04/02/15. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: "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. ODG-TWC, Pain (Chronic) Chapter under Insomnia treatment states: "(1) Benzodiazepines: FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia)." Halcion has been included in patient's medications, per treater reports dated 12/11/14, 02/05/15, and 04/02/15. In this case, the patient presents with a diagnosis of unspecified insomnia, for which Halcion would be indicated. However, the patient has been taking this medication at least since progress report date of 12/11/14, which is almost 5 months from UR date of 05/07/15. Long-term use of Benzodiazepines is not supported by guidelines due to risk of dependence and loss of efficacy. Most guidelines limit use to no longer than 4 weeks. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Nucynta SR 250mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 04/02/15 progress report provided by treating physician, the patient presents with pain to neck and shoulders rated 5/10. The request is for NUCYNTA SR 250MG #60. RFA not provided. Patient's diagnosis on 04/02/15 included cervicgia, chronic pain, pain in joint shoulder, and insomnia unspecified. Physical examination on 02/05/15 revealed pain to neck and right shoulder. Decreased range of motion and bilateral impingement. Patient's medications include Percocet, Valium, Halcion and Nucynta. The patient is off-work, per 04/02/15 report. Treatment reports were provided from 11/13/14 - 04/02/15. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Nucynta has been included in patient's medications, per treater reports dated 11/13/14, 01/08/15, and 04/02/15. In this case, treater has not stated how Nucynta reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.