

<b>Case Number:</b>	CM15-0096432		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 54 year old male, who sustained an industrial injury on 08/30/2011. The injured worker reported right shoulder injury. He was noted to have right shoulder surgery on 10/12/2012. On provider visit dated 04/16/2015 the injured worker has reported right shoulder pain that continues across top of shoulders and neck. He was noted not to be able to stay still during an MRI. On examination of the right shoulder was noted as motion continues to improve, pain with adduction across his chest. Tenderness was noted along the chest wall, and lateral and anterior edge of the acromion. Range of motion was noted as decreased. The diagnoses have included partial tear of rotator cuff, impingement of shoulder and osteoarthritis of acromioclavicular joint. Treatment to date has included pain medication including Hydrocodone. An X-ray of right shoulder revealed no fracture, dislocation, arthropathy or acute bone abnormality. A calcified granuloma of the right upper lung field and no significant interval changes was noted as well on 11/12/2014. Regarding Hydrocodone there was no clear evidence of any significant reduction in pain level or improvement in functional capacity resulting from its use. The provider requested Diazepam tab 10mg #5 to take before MRI and Hydrocodone/APAP (acetaminophen) tab 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP (acetaminophen) tab 10/325 mg Qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 124.

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone/APAP (acetaminophen) tab 10/325 mg Qty 120 is not medically necessary and appropriate.

**Diazepam tab 10 mg Qty 5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

**Decision rationale:** Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and

tolerance to hypnotic effects develops rapidly. Although the request is for Diazepam to be taken prior to MRI, there is no documented indication as to reason for quantity of 5 nor provide that MRI was authorized. The Diazepam tab 10 mg Qty 5 is not medically necessary and appropriate.