

<b>Case Number:</b>	CM13-0027424		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old injured worker who reported an injury on 08/10/2008. The patient sustained an injury to the low back. The patient underwent an MRI that revealed spinal instability and bilateral L5 pars defects with impingement on the bilateral L5 nerve roots. The patient's previous conservative treatments have included epidural steroid injections, bracing, hot and cold therapy, and medications. The patient's most recent clinical examination findings included low back pain complaints rated at a constant 8/10 to 9/10. Objective findings included intense spasms and tenderness upon palpation of the lumbar spine. The patient's diagnoses included low back pain with radiation into the bilateral lower extremities and L5 radiculopathy. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two prescriptions for Norco 10/325mg, quantity 160:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids for the management of the patient's chronic pain be supported by significant pain relief, documentation of functional benefit, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has constant back pain complaints rated at 8/10 to 9/10. The clinical documentation does not provide any evidence that the patient currently has any significant pain relief as a result of the medications. Additionally, there is no documentation of functional benefit or monitoring for aberrant behavior. Therefore, continued use would not be indicated. The request for two prescriptions for Norco 10/325 mg, quantity 160, is not medically necessary and appropriate.

**Two prescriptions of Valium 10mg, quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends the use of benzodiazepines to be limited to short courses of treatment. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. As the patient has already exceeded this recommendation, continued use would not be indicated. Additionally, there is no functional benefit or symptom relief related to the use of this medication to support continuation. The request for two prescriptions of Valium 10 mg, quantity 60, is not medically necessary and appropriate.