

<b>Case Number:</b>	CM13-0033508		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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:

This is a 46-year-old female with an 11/6/2012 date of injury; she fell in the lobby after slipping in water that had been tracked in by heavy rain. 9/20/13 progress report indicates right knee clicking and snapping as well as right knee popping; residual radiating neck pain, and residual radiating low back pain. Physical exam demonstrates cervical and lumbar tenderness, cervical and lumbar decrease in ROM. Right SLR is weakly positive. There is tailbone tenderness. Treatment to date has included medication, chiropractic care x12. In the most recent medical report dated 8/7/2013, [REDACTED] noted she has residual neck pain radiating to her mid back and suboccipital area. At times, it also radiates down to her right greater than left upper extremities with associated paresthesia. She also experiences "migraine" headaches. Her neck pain is also described to be aching and burning. Symptoms are provoked by lifting/carrying, neck movement, and pushing/pulling. She had partial relief with physical and chiropractic treatments, ice/heat. postural control and use of cervical pillows. She also has residual low back pain described to be aching, sharp, and burning. This radiates down to both lower extremities. This has also slightly improved although she continues to experience intermittent flare ups. Symptoms are provoked by lifting, twisting, pushing/pulling, sitting more than 10 minutes at a time, standing/walking more than 15 minutes at a time, and to a lesser extent, bending. She has relief with use of a lumbar cushion and also responded to physical therapy as well as chiropractic treatments. She has residual right knee pain with associated crepitus. This is described to be aching. Symptoms are provoked by lifting, standing/walking, squatting, kneeling, and to a lesser extent pivoting. She tries to alleviate her knee pain by supporting herself, using comfortable walking shoes. and icing as needed. She is partially functional at home although she requires assistance for pulling bed sheets, and doing the laundry. She no longer folds clothes. She does not do sweeping or vacuuming. They have also started to use paper plates to lessen the amount of

dish washing. She has limited her ability for washing dishes. She has lying time of approximately two hours a day. Cervical flexion is limited to 40 degrees, left rotation to 60 degrees, right rotation to 45 degrees, extension to 50 degrees, and right side bending to 30 degrees. There is suboccipital tenderness. There is mild cervical paraspinal spasm. There is positive right cervical facet maneuver. Negative left cervical facet maneuver. There is diffuse neck and suprascapular tenderness. There is suprascapular spasm. There is thoracic paraspinal spasm. There is diffuse scapulothoracic tenderness. There is diffuse pain also with bilateral thoracic facet maneuver. Lumbar flexion is limited to 40 degrees, extension to 15 degrees with pain, and right side bending to 20 degrees. There is mild lumbar paraspinal spasm. There is diminished lumbopelvic rhythm. There is diffuse paralumbar and buttock tenderness. There is also tailbone tenderness noted. Right straight leg raising test is weakly positive at 45 degrees. Left straight leg raising test is weakly positive at 45 degrees. There is negative SI joint tenderness. There is positive bilateral SI joint stress testing. There is positive bilateral piriformis stretch test. There is also positive bilateral piriformis stress testing. Neurological examination reveals grossly normal mental status. Negative language deficits. Cranial nerves II through XII is unremarkable. There is grade 4+/5 bilateral biceps, hip adductor, and quadriceps strength with pain inhibition. There is grade 4-/5 bilateral deltoid, right triceps, right iliopsoas, and bilateral gastrocnemius/peroneus longus/brevis strength with pain inhibition. Rest of the extremities tests are grade 5/5. DTRs are +2 and symmetric. There is normal tone. Negative clonus. Sensory examination

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Valium 2 mg bid:** 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 Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

**Decision rationale:** With respect to the prescription of valium 2mg bid, the guideline does not support a long term use of this medication. Most guideline limit is 4 weeks. The guideline does not recommend this medication as the first line treatment (ODG) in patients with chronic pain. MTUS guideline recommended antidepressants as the most appropriate treatment for anxiety. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Therefore this request for valium 2mg bid for unknown duration of treatment is not medically necessary, since there is no documentation of specific need and the efficacy of previous treatment.

**Norco 10/325 mg 2 bid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) (updated 11/14/13), Opioids for Chronic Pain

**Decision rationale:** The patient has been using Norco since at least 11-16-2012, in the medical report dated 8/7/2013, it was noted under FUNCTIONAL HISTORY: "She is partially functional at home although she requires assistance for pulling bed sheets, and doing the laundry. She no longer folds clothes. She does not do sweeping or vacuuming. They have also started to use paper plates to lessen the amount of dish washing. She has limited her ability for washing dishes. She has lying time of approximately two hours a day". Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Therefore the request for Norco 5/325mg quantity 30 is not medically necessary.