

<b>Case Number:</b>	CM13-0051354		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, and chronic shoulder pain reportedly associated with an industrial injury of November 7, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; anxiolytic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of October 14, 2013, the claims administrator partially certified Norco and Ativan, seemingly for weaning purposes. The applicant's attorney subsequently appealed. In a subsequent progress note of November 1, 2013, the applicant is described as having multifocal neck, low back, and shoulder pain, 8/10. The applicant states that medications help with pain and reportedly improve activities of daily living, although it is not stated which activities of daily living are specifically ameliorated. Ativan or lorazepam reportedly helps with emotional instability. The applicant denies suicidal ideation. The applicant is apparently using two Norco at a time as opposed to one Norco at a time. The applicant is given a [REDACTED] handicap placard and is asked to pursue additional physical therapy. Topical LidoPro is also endorsed. The applicant's work status is not detailed. In an earlier note of October 2, 2013, the applicant was described as having persistent 6/10 pain. No side effects from medications were reported. Decreased range of motion was noted about multiple body parts. Norco, Ativan, and physical therapy were endorsed. Once again, the applicant's work status was not detailed. On December 14, 2013, the applicant continued to report high-intensity pain, 9/10. Her medications included Norco, Ativan, and Prilosec. The applicant was tearful. The note was quite sparse, but it was seemingly suggested that the applicant was overusing medications. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant was asked to transfer care elsewhere.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG, SEVENTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Section, as well as the When to Continue Opioids Section. Page(s): 7.

**Decision rationale:** Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant is off of work. A rather proscriptive 10-pound lifting limitation apparently remains in place. The applicant is apparently using Norco in excess of stated parameters. The applicant is reporting heightened pain despite ongoing opioid usage, it further appears. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids should be discontinued if there is no overall improvement in function. In this case, the applicant's function does appear to have diminished despite ongoing opioid consumption. The request for Norco 5/325 mg, seventy count, is not medically necessary or appropriate.

**LORAZEPAM 0.5 MG, FIFTEEN COUNT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic) Benzodiazepines Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, Page 402, anxiolytics are only appropriate for brief periods in cases of overwhelming symptoms which interfere with daily functioning to achieve a brief alleviation in symptoms so as to allow the applicant to recoup emotional and physical resources. In this case, however, the attending provider is seemingly furnishing lorazepam (Ativan) on a chronic, long-term basis. This is not recommended per ACOEM Chapter 15, Page 402. It is further noted that the applicant's signs and symptoms of anxiety, including emotional lability and a tearful mood and affect seemingly persist despite ongoing lorazepam usage, implying that it has not been altogether successful. The request for Lorazepam 0.5mg, fifteen count, is not medically necessary or appropriate.

**ONE URINE TOXICOLOGY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 393,397,Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, intermittent drug testing is appropriate in the chronic pain population. In this case, the applicant is apparently having a number of issues with heightened opioid consumption, inadequate analgesia with medications, emotional lability, etc. The applicant's heightened pain complaints and heightened consumption of opioids do represent red flags for potential substance abuse issues, as noted in the Stress Related Conditions Chapter of the ACOEM Practice Guidelines. It is further noted that the ACOEM Guidelines do support testing for use of illicit drugs if the presentation is suggestive. In this case, the presentation is in fact suggestive. The request for one urine toxicology is not medically necessary or appropriate.