

<b>Case Number:</b>	CM13-0051829		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/07/2013
<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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 56-year-old female who reported an injury on 05/30/2012. The mechanism of injury was a cumulative trauma. The patient was taking opiates as of 2012, and muscle relaxants as of early 2013. Valium was added as of 09/04/2013. The documentation of 09/04/2013 revealed the patient had paraspinal muscle tenderness with moderate painful range of motion. The patient had tenderness in the first metatarsophalangeal (MTP) joint and tenderness in the lateral aspect of the foot that extended into the anterior talofibular ligament (ATFL) as well as the ball of the foot. The patient's diagnoses were noted to include low back pain with degenerative disc disease, moderate to severe left L5-S1 foraminal stenosis and cervical spine degenerative disc disease. The treatment plan included to discontinue tizanidine and start diazepam for muscle relaxation, and to continue Norco 10/325 and Soma 350 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS pain score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking Norco since 2012. There was a lack of documentation of an objective improvement in function, objective decrease in the VAS pain score and evidence that the patient was being monitored for aberrant drug behavior and side effects. The request also failed to indicate the quantity of medication being requested. Therefore, the requested Norco is not medically necessary at this time.

**SOMA 350MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking muscle relaxants since March 2013. There was a lack of documentation of objective functional improvement. The request also failed to indicate the quantity of medication being requested. Therefore, the requested Soma is not medically necessary at this time.

**VALIUM 10MG:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the patient was to start the medication as of September 2013 and was to continue the medication as subsequent documentation of 10/15/2013. There was a lack of documentation indicating the efficacy of the requested medication. The medication is not supported for use for longer than 3 weeks. The request also failed to indicate a quantity of medication being requested. Therefore, the requested Valium is not medically necessary at this time.