

<b>Case Number:</b>	CM14-0121055		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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:

This 58 year-old patient sustained an injury on 3/15/04 while employed by [REDACTED]. The request under consideration includes Norco 10/325 #240 (2 refills) and Valium 10mg #30 (2 refills). The diagnoses include failed lumbar surgery syndrome; chronic lumbar backache with left lower extremity radiculopathy; myofascial pain s/p L4-S1 lumbar fusion and ORIF of femur and tibia (undated). Reports dated 5/22/14 and 6/19/14 from the PA-c/provider noted the patient with persistent ongoing chronic pain with moderate relief and absent side effects from medications along with appropriate UDS. Medications list Norco and Valium on a chronic basis. Symptoms have remained unchanged and have been able to restart the gym. The patient noted increased scar tears and bruising since restarting the testosterone. Pain was rated at 5-8/10 with associated numbness in lower extremity. X-rays of lumbar spine dated 8/28/12 showed discectomy, laminectomies, and fusion at L3-S1 with hardware intact. Brief exam showed no acute distress; antalgic gait; head, eye, and mouth exam intact; no musculoskeletal or neurological exam documented. Diagnosis was post laminectomy syndrome of lumbar region. There is a Urine Drug Screen dated 2/4/14 that showed inconsistent results of negative Alprazolam prescribed. The request for Norco 10/325 #240 (2 refills) was modified for #240 with no refills for weaning and Valium 10mg #30 (2 refills) was non-certified on 7/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #240 (2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management 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 work status. 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. The Norco 10/325 #240 (2 refills) is not medically necessary and appropriate.

**Valium 10mg #30 (2 refills):** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, Valium 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 2004 injury nor is there documented functional efficacy from treatment already rendered. The patient also had inconsistent findings on UDS of 2/4/14 for negative results of prescribed Alprazolam, another Benzodiazepine. Valium 10mg #30 (2 refills) is not medically necessary and appropriate.