

<b>Case Number:</b>	CM14-0132075		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/06/2000
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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:

This is a 51-year-old male with a date of injury of 12/6/00. The mechanism of injury was not noted. On 7/8/14, his current medications included: Ambien, Norco, OxyContin, Soma, and Valium. On 7/18/14 he complained of back, shoulder, foot and hand pain. On exam, spine was tender to palpation with restricted range of motion. The right wrist had restricted range of motion. The right shoulder was tender to palpation and the right ankle was tender to palpation in the posterior medical aspect of the ankle. The diagnostic impression is pain in thoracic spine, joint shoulder, tarsal tunnel syndrome. Treatment to date: surgery-right carpal tunnel release, physical therapy, TENS Unit, medication management. A UR decision dated 8/6/14 denied the requests for Norco 10/325mg and Valium 10mg. The Norco was denied because the submitted records indicate that the patient had been utilizing the opioid medication since at least 6/2012. There was subjective reporting of pain relief and increased function of daily activities, however, there is no documented evidence of significant objective functional improvement from his medication use throughout the documentation. The weaning of Norco had been suggested per previous reviews since 1/16/14. The patient should have been safely weaned off of Norco at this point. Although it appears the weaning had not been completed to this date, no additional quantity of Norco is clinically necessary since a 1-month supply of the Norco had been certified on 7/30/14. The Valium was denied because the patient has been on Valium since at least 9/2012. The prolonged use is not appropriate as there is a risk of developing tolerance and dependence. Weaning of Valium had been recommended per previous reviews since 1/16/14, and it should have been safely completed at this point. However, the weaning process appears to be currently ongoing, and a 1-month supply of Valium had been provided to the patient per the previous review on 7/30/14 for safe weaning. No additional quantity should be needed at this time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009 Opioids, Long Term Assessment: Long-term Users of Opioids (6 Months or more).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. There are no noted urine drug screen provided. In addition, a previous UR review on 1/16/14, recommended a weaning of the Norco to begin. In addition, another UR on 7/30/14, certified a 1-month supply of Norco to complete the weaning process. Therefore, the request for Norco 10/325mg #180 was not medically necessary.

**Valium 10mg #30:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, the patient has been on Valium since at least 9/12. The guidelines do not support the long term use of Diazepam due to the risk of dependence and abuse. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A previous UR on 1/16/14, suggested a weaning process to begin and apparently the weaning process has not been completed. However, on 7/30/14 another UR certified a 1-month supply of Valium to complete the weaning process. Therefore, the request for Valium 10mg #30 was not medically necessary.

