

<b>Case Number:</b>	CM14-0152644		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is 46-year-old male who reported an injury on 12/04/2006. The mechanism of injury was not specified. His diagnoses included thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, cervical/trapezial musculoligamentous sprain/strain, with multilevel disc bulges, deep venous thrombosis, and psychiatric complaints. His previous treatment included medications, crutches, and psychological therapy. His diagnostic studies included an MRI of the lumbar spine. His surgical history was not specified. On 09/02/2014, the injured worker complained of low back pain radiating to his bilateral lower extremities with numbness and tingling to his feet. His pain increased with walking and weight bearing, and was decreased with medication use. The physical examination revealed tenderness to palpation with spasm over the paravertebral musculature and bilateral sciatic notches. There was decreased range of motion and decreased sensation in the L5 and S1 dermatomes. The injured worker ambulated with a slow guarded gait and stumbled after a few steps. His medications included Norco 10/325 mg, Ativan 2 mg, and Colace 100 mg. The treatment plan was for Norco 10/325 mg #120 and Ativan 2 mg #30. The rationale for the request was that the Norco allows the injured worker to perform his activities of daily living. The Request for Authorization Form was submitted on 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** Based on the clinical information submitted for review, the request for Norco 10/325 mg #120 is not medically necessary. As stated in the California MTUS Guidelines, Norco is indicated for moderate to moderately severe pain. The long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective, but limited, for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit, which includes current pain at the time of visit; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker complained of low back pain radiating to the bilateral lower extremities, with numbness and tingling to the feet. He reportedly had decreased symptoms with medication use. His last urine drug screen was noted to be collected on 07/22/2014 and was consistent with his medication of Norco at the time. The guidelines indicate that there should be continuous documentation of pain relief; however, the note from 09/02/2014 showed that the injured worker reported a pain level of 7/10 to 8/10, and it remained the same since the last examination. Furthermore, request failed to provide the frequency of the medication as prescribed. As such, the request for Norco 10/325 mg #120 is not medically necessary.

**Ativan 2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the clinical information submitted for review, the request for Ativan 2 mg #30 is not medically necessary. As stated in the California MTUS Guidelines, benzodiazepines are not recommended for long term use because the long term effectiveness is unproven and there is a risk of dependence. Also, chronic benzodiazepines are the treatment of choice in very few conditions, and most guidelines limit use to 4 weeks. The physician noted that the injured worker had found behavioral techniques for improved sleep and sleep difficulty. The guidelines indicate that benzodiazepines are not suggested for use of over 4 weeks; however, it was noted that the injured worker had been taking the medication for more than a few months. It was unclear as to what previous treatments the injured worker had tried to improve his sleep, due to a lack of clinical notes. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Ativan 2 mg #30 is not medically necessary.

