

<b>Case Number:</b>	CM14-0180212		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 33-year-old male with a date of injury of 04/19/2012. The listed diagnoses per [REDACTED] are: 1. Lumbosacral or thoracic neuritis or radiculitis. 2. Lumbar sprain/strain. 3. Cervical sprain/strain. 4. Status post-surgical lumbar spine on 05/08/2014. According to progress report 10/07/2014, the patient is status post L3-L4 microdiscectomy on 05/20/2014 and complains of constant sharp and throbbing pain which radiates to the bilateral lower extremity. The patient also complains of neck and upper back pain which occasionally radiates to the bilateral upper extremity with numbness and tingling into the bilateral hands. The patient's current medication regimen includes Norco 7.5/325 mg, Naproxen 550 mg, Topiramate 50 mg, Cyclobenzaprine 7.5 mg, Trazodone 50 mg, and Lorazepam 1 mg 2 tablets. Examination findings revealed "TTP lumbar SPM spasms." The treater is requesting a refill of medications. Utilization review denied the request on 10/15/2014. Treatment reports from 11/05/2013 through 10/07/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

**Decision rationale:** This patient presents with low back and neck pain. The treater is requesting Norco 7.5/325 mg #30 q.d./b.i.d. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 05/05/2014. Progress report 05/05/2014 provides no discussion regarding the efficacy of medications. According to progress report 09/08/2014, the patient's pain is rated as "10 - severe." The treater states that controlled substances contract was reviewed and signed by patient. The patient was recommended to continue with medications. Review of the medical file indicates the patient is currently not working. Urine drug screen was provided on 05/02/2014. In this case, recommendation for further use of Norco cannot be supported as the treater provides no discussion regarding the medications efficacy in regards to functional improvement, or changes in ADLs. Furthermore, the treater does not discuss adverse side effects or possible aberrant behaviors as required by MTUS. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

**Lorazepam 1 mg # 45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines states benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Benzodiazepines

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting Lorazepam 1 mg #45 2 tablets p.r.n. The MTUS Guidelines page 24 states "benzodiazepines are not recommended for long term use because long term efficacies are unproven and there is a risk of dependence." Review of the medical file indicates the patient has been taking this medication since at least 05/20/2014. On 09/08/2014, the medication was increased from 1 tablet to 2 tablets due to patient's continued complaints of anxiety. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for long term use. Given the treater is prescribing this medication for a long term basis, the request is not medically necessary.