

<b>Case Number:</b>	CM14-0033969		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Management 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:

According to the records made available for review, this is a 62-year-old female with a 9/23/10 date of injury and status post left knee arthroscopy 5/16/11. At the time (2/24/14) of request for authorization for Norco 5/325mg and Ativan 2mg #30, there is documentation of subjective (moderate to severe left elbow pain, bilateral knee pain, and low back pain) and objective (tenderness to palpation over the bilateral peripatellar region as well as over the medial and lateral compartments, positive patellofemoral crepitus, decreased bilateral knee range of motion; left elbow tenderness to palpation over the lateral epicondyle, positive Cozen's test, decreased left elbow range of motion; tenderness to palpation over the bilateral lumbar paravertebral musculature with muscle spasms, positive straight leg raising, and decreased lumbar range of motion) findings, current diagnoses (status post left knee arthroscopy with residual patellofemoral arthralgia and tricompartmental osteoarthritis, right knee patellofemoral arthralgia with tricompartmental osteoarthritis, medial and lateral epicondylitis, and lumbar spine sprain/strain), and treatment to date (Norco since at least 2/10/13 with decrease in pain levels and increase in ability to perform activities of daily living). In addition, medical report plan identifies Ativan for sleep difficulty. Regarding Norco 5/325mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Ativan 2mg #30, there is no documentation of an intention to treat over a short course (4 weeks) and that Ativan is being used as second-line therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left knee arthroscopy with residual patellofemoral arthralgia and tricompartmental osteoarthritis, right knee patellofemoral arthralgia with tricompartmental osteoarthritis, medial and lateral epicondylitis, and lumbar spine sprain/strain. In addition, given documentation of ongoing treatment with Norco resulting in decreased pain levels and increased ability to perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg is not medically necessary.

**Ativan 2mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Benzodiazepines.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that benzodiazepines are not recommended as first-line medications. Within the medical information available for review, there is documentation of diagnoses of status post left

knee arthroscopy with residual patellofemoral arthralgia and tricompartmental osteoarthritis, right knee patellofemoral arthralgia with tricompartmental osteoarthritis, medial and lateral epicondylitis, and lumbar spine sprain/strain. However, despite documentation of a plan identifying Ativan for sleep difficulty, there is no (clear) documentation of an intention to treat over a short course (4 weeks) and that Ativan is being used as second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for Ativan 2mg #30 is not medically necessary.