

<b>Case Number:</b>	CM14-0034620		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 52 year-old female who is reported to have sustained a work related injury on 03/05/10. The patient is status post a posterolateral fusion at L4/5 and L5/S1. The records indicate that the patient had little or no benefit from this surgical intervention. The disputed issues are prescriptions for Ativan and Norco. A utilization review determination had modified the request for Ativan, citing the recommendation for a maximum of 4 weeks of use as per the California Medical Treatment and Utilization Schedule. The patient is noted to have taken this medication since December 19, 2013. The request for Percocet was modified from a quantity of 120 pills to 100 pills. The rationale for this modification was that there is "no documentation of the return to work or other functional improvement attributable to ongoing opioid use."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ATIVAN 1MG, #30:** Upheld

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

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

**Decision rationale:** The patient is a 52 year-old female who has a Failed Back Surgery Syndrome (FBSS). California MTUS reports that benzodiazepines 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. The records provide no data regarding the patient's current psychiatric state. There is no indication that the patient's medication use is monitored. The request for Ativan 1mg #30 is not medically necessary.

**PERCOCET 10/325MG, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

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

**Decision rationale:** The submitted clinical records indicate the patient has a failed back surgery syndrome. She has chronically been maintained on opiate medications for pain control. The records do not provide any data to establish the efficacy of this medication. There is no indication of functional improvements. The record does not suggest that the patient undergoes urine drug screens to assess compliance. As such, the request does not meet California MTUS and medical necessity is not established.