

<b>Case Number:</b>	CM14-0035142		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Family 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:

The patient is a 56 year old man who was injured in a motor vehicle accident on 2/5/2010 while on the job. An appeal was requested after denial of the following two chronically used medications: Norco 10/325 mg #180 and Restoril 30 mg #30. The Utilization Review Determination letter was dated: 2/21/2014. The patient's medical records from 7/17/2013 through 1/15/2014 were available for review. Briefly, they state that the patient has been seen for the following diagnoses: Chronic Low Back Pain, Cervical Spine Pain, Abdominal Pain, History of Abdominal Hernia Repair, and Right Hip Pain. In the last visit on 1/15/2014 there is a documented physical examination. The examination indicated that there was spasm of the lumbar spine with limited range of motion. Other notable findings included: positive Lasegue on the right, positive straight leg raising at 60 degrees on the right, diminished deep tendon reflexes to the achilles on the right, and full strength of the extremities bilaterally. The treatment plan for this visit included continuing the current medication regimen and reassessing the patient in 6 weeks. In review of the file, there had been a prior denial of Restoril and Norco for this patient; dated 7/17/2013. The patient was given a one month supply with no refills in order to taper off the regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTORIL 30MG #30:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state 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 (Page 24)." It should be noted in the denial letter of 7/17/2013 the patient had been prescribed Restoril for 5 months at that point. Further, it should be noted that the patient had two urine drug screen tests (7/17/2013 and 8/8/2013) which were both negative for Restoril, despite its use.

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-88.

**Decision rationale:** The Expert Reviewer's decision rationale: The relevant section of the Chronic Pain Medical Treatment Guidelines for this patient's request includes the issue of "On-Going Management." Specifically, in the office setting there is an "ongoing review and documentations of pain relief, functional status, appropriate medication use, and side effects." Further, there should be evidence of "The 4 A's for Ongoing Monitoring" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The available medical records do not support a program of on-going management (Page 78). The patient is using Norco apparently for his chronic low back pain. As stated in the Chronic Pain Medical Treatment Guidelines, when used for Chronic Back Pain, the "long-term efficacy is unclear (>16 weeks)." The duration of symptoms for this patient is well beyond this time frame (Page 80). The duration of symptoms is well beyond the 6-month duration as described in the criteria for "Long-Term Users of Opioids." There is no evidence in the available records that the patient meets the "Criteria for Use of Opioids" in this situation. Specifically, that the provider has done the following: 1. Documented the efficacy of the treatment. 2. The effect of other treatment modalities. 3. Document pain and functional improvement and compare to baseline. 4. Document adverse effects. 5. Determine if there is a need for psychological consultation (Page 88). Finally, despite two separate urine drug tests showing no evidence of Restoril, there was no documentation on action taken regarding this discrepancy.