

<b>Case Number:</b>	CM14-0038842		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old male was injured on 5/4/06. The mechanism of injury was not listed. The most recent progress notes, dated 5/7/14 and 5/13/14, indicate that there were ongoing complaints of low back pain with radiation to the right lower extremity. Physical examination demonstrated tenderness to the lateral aspect of the right L5 facet, flexion past 20% of normal caused a pulling sensation in the right lower back, and decreased sensation over right L5 dermatome. There was no gross motor deficit in the lower extremities. Patellar and Achilles reflexes were at 2/4 bilaterally. Negative flexion, abduction, and external rotation (FABER) tests, sheer, straight leg raise tests bilaterally. The patient had a normal gait and stance. An MRI of the lumbar spine, dated 11/4/13, demonstrated mild multilevel spondylosis most pronounced at L4-L5 with disk space narrowing, a broad based disk osteophyte complex, mild to moderate facet arthropathy resulting in lateral recess stenosis and left foraminal narrowing at L4-L5, and 1 mm to 2 mm broad based disk bulge at L3-L4 with very mild lateral recess and foraminal narrowing. Previous treatment included lumbar epidural steroid injections, sacroiliac joint injections, radiofrequency ablation and medications to include trazodone, Cymbalta, Norco, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Norco 10/325mg #120 with 3 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

**1 Prescription for Ativan 2mg #30 with 3 Refills -: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Benzodiazepines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support benzodiazepines (Ativan) for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.