

<b>Case Number:</b>	CM14-0081194		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/24/2006
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 54 year old female who was injured on 8/24/2006. The diagnoses are neck and low back pain. The MRI of the lumbar spine showed multilevel disc bulges, old compression fractures and facet hypertrophy. [REDACTED] noted subjective complaints of 6-7/10 pain score with medications and 10/10 without medications. The patient was able to increase ADL and function without the use of the medications. The medications are Norco for pain and Valium for anxiety and insomnia. A Utilization Review determination was rendered on 5/10/2014 recommending modified certification for Valium 10mg #30 1 refill to #11 and Norco 10/325mg # 60 1 refill to zero refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Valium 10 mg #30 with one refill:** 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, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines should be limited to short term treatments of anxiety and insomnia that did not respond to standard treatment. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient has utilized Valium for many years. The criteria for the use of Valium 10mg #30 with 1 refill was not met. The request is not medically necessary.

**One prescription of Norco 10/325mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of chronic musculoskeletal pain that did not respond to NSAIDs and physical therapy. The records indicate that the patient has utilized opioids for many years. There is no report of aberrant behavior or adverse effects. There is documentation of significant pain relief and functional improvement. The criteria for the use of Norco 10/325mg #60 1 refill was met. The request is medically necessary.