

<b>Case Number:</b>	CM14-0091762		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/27/1991
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational 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 case involves a 51 year old male who was injured on 09/27/1991. The mechanism of injury is unknown. Prior treatment history has included intraspinal pumps, Norco, Valium, Elavil, and Opana. Toxicology report dated 10/11/2013 detected Benzodiazepines, Nordiazepam, Oxazepam, Temazepam, and opiates, Hydrocodone, Hydromorphone, and Morphine. The progress report dated 05/28/2014, documented the injured worker had complaints of increased pain in his low back and lower extremities. He reported that pain is constant waxing and waning that is shooting in nature. He also reported limited activities of daily living because of the pain. Objective findings on examination revealed he is able to ambulate with a non-analgesic gait. The range of motion of his back revealed flexion of 70 degrees, extension of 20 degrees and right and left side tilt of 20 degrees. There is tenderness to palpation across the spinous process of the lumbar spine. The diagnoses are neuropathy leg pain, low back pain, and discogenic low back pain. He has been recommended to continue Norco 10/325 mg, Elavil 150 mg, and Valium 10 mg for anxiety. The prior utilization review dated 06/17/2014, states the request for one prescription for Valium 10mg, #120 is certified but modified to Valium 10 mg #85; and One prescription for Norco 10/325MG, #180 is not certified as there is no documented evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Norco 10/325MG, #180.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Hydrocodone/Acetaminophen Norco and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic low back pain or neuropathic pain is not clearly established. In this case, the patient is prescribed Norco long-term for chronic low back pain. However, records do not demonstrate clinically significant functional improvement, pain reduction or reduction in dependency on medical care from use of Norco. As such, this request is not medically necessary.

**One prescription for Valium 10mg, #120.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines weaning of Medications and 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:** According to MTUS guidelines, benzodiazepines are not recommended for long-term use due to lack of demonstrated efficacy and risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient is taking Valium on a long-term basis and records fail to establish clinically significant functional improvement. In addition, the records do not support an exception to the recommendation against long-term use. As such, this request is not medically necessary.