

<b>Case Number:</b>	CM14-0092002		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/08/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Massachusetts. 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:

According to the documents available for review, the patient is a 50 year old female. The date of injury is September 8, 2007. The patient sustained an injury to the low back. The exact mechanism of injury was not elaborated on in the notes available for review. The patient carries a current diagnosis of lumbar spine sprain and strain, lumbar spinal stenosis, and sciatica. The patient is maintained on the multimodal pain medication regimen including Valium and Norco. A request for Valium and Norco was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30 between 5/2/14 and 8/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 91.

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

**Decision rationale:** According to the MTUS, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very

few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsants and muscle relaxants effects occurs within weeks. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Norco 10/325mg #90 between 5/2/14 and 8/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-97.

**Decision rationale:** According to the documents available for review, there is no documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, or side effects; which are all criteria necessary for the on-going use of opioids. Therefore, at this time, the request is not medically necessary.