

<b>Case Number:</b>	CM15-0006031		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/02/2003
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 53 year old male, who sustained an industrial injury on 3/2/2003. On 1/12/15, the injured worker submitted an application for IMR for review of Norco 2.5/325mg #120, and Valium 10mg #60, and Random Urine Drug Screen and Motrin 800mg #60. The treating physician reported the injured worker complains of stiffness, lumbar spine pain radiating down the left leg and right shoulder pain. The diagnoses have included osteochondropathy, NEC. Treatment to date demonstrates the injured worker is a status post lumbar laminectomy and fusion, physical therapy, medications for pain, trigger point injections and diagnostics notes x-rays, CT scan and CT myelogram. On 12/19/14 Utilization Review certified the Motrin 800mg #60; modified the request for Norco 2/5/325mg to #90 and Valium 10 mg to #40, non-certified the random drug screening noting the MTUS Chronic Pain Medical Treatment Guidelines and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 2.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 2.5/325 mg #120 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post L4 through S1 fusion; lumbar discopathy; lumbar radiculopathy; lumbar facet arthropathy; and chronic pain. Subjectively, the injured worker complains of low back pain severe with radicular symptoms to the bilateral lower extremities. He was previously on Valium, which helped his anxiety at night. Current medications are Norco, Motrin and Xanax. The plan was to discontinue Xanax and start Valium 10 mg. The documentation indicates Norco was being prescribed April 5, 2014. The start date is unknown due to a gap in the medical records. The documentation does not contain objective functional improvement as it relates to Norco. Additionally, there are no pain assessments and no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing long-term use of Norco, Norco 2.5/325 mg #120 is not medically necessary.

**1 Prescription of Valium 10mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are status post L4 through S1 fusion; lumbar discopathy; lumbar radiculopathy; lumbar facet arthropathy; and chronic pain. Subjectively, the injured worker complains of low back pain severe with radicular symptoms to the bilateral lower extremities. Objectively, there is moderate tenderness palpation over the lumbar paraspinal muscles and facets from L3 - S1. Current medications are Norco, Motrin and Xanax. The plan was to discontinue Xanax and start Valium 10 mg. Benzodiazepines are not recommended for long-term use (longer than two weeks because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The requesting physician ordered Valium 10 mg #60. This is a one-month supply and is in excess of the recommended guidelines (not recommended for longer than two weeks). Consequently, absent compelling clinical documentation to support the ongoing use of Valium for longer than

two weeks in contravention of the recommended guidelines, Valium 10 mg #60 is not medically necessary.

**1 Random Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug testing

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, random urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant drug behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are status post L4 through S1 fusion; lumbar discopathy; lumbar radiculopathy; lumbar facet arthropathy; and chronic pain. Subjectively, the injured worker complains of low back pain severe with radicular symptoms to the bilateral lower extremities. Objectively, there is moderate tenderness palpation over the lumbar paraspinal muscles and facets from L3 - S1. Current medications are Norco, Motrin and Xanax. The plan was to discontinue Xanax and start Valium 10 mg. The documentation does not contain a clinical indication or clinical rationale for urine drug screen. There are no risk assessments or prior urine drug screens in the medical record. Consequently, absent clinical documentation with a clinical indications/rationale without evidence of drug seeking or aberrant drug-related behavior, random urine drug testing is not medically necessary.