

<b>Case Number:</b>	CM15-0132140		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 37 year old female, who sustained an industrial injury on August 1, 2007. The injured worker was diagnosed as having thoracic spine strain, lumbar spine disc bulge, status post lumbar spine surgery, and L5-S1 spondylolisthesis. Treatments and evaluations to date have included x-rays, lumbar spine surgery, and medication. Currently, the injured worker complains of low back pain. The Secondary Treating Physician's report dated June 11, 2015, noted the injured worker with a pain level of 3/10, unable to sleep the previous three nights due to restless legs. The injured worker was noted to have no change in her pain. Part of the report was illegible. The Physician noted no change in the objective findings. The treatment plan was noted to include Norco, Ibuprofen, and Lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 30.00:** Upheld

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

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

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The injured worker was noted to have been prescribed Norco since at least October of 2014, without documentation of objective, measurable improvement in her pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical care. There was no pain assessment, including the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Norco, time of onset or duration of action. The documentation provided included a urine drug screen (UDS) results from March 12, 2015, showing inconsistent results of a positive hydromorphone level, not addressed by the physician. Based on the guidelines, the medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Lorazepam 0.5mg quantity 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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) Chronic Pain Chapter, Benzodiazepines, Lorazepam.

**Decision rationale:** According to the CA MTUS guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. However, use of this medication is limited to four weeks. There are no guideline criteria that support the long-term use of benzodiazepines. In addition, the documentation provided did not include the indications or directions for use of the Lorazepam. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.