

<b>Case Number:</b>	CM15-0192602		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/04/2001
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50 year old female with an industrial injury dated 08-04-2001. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc, spondylolisthesis, and osteoarthritis of spinal facet joint. Medical records (07-08-2015 to 08-27-2015) indicate ongoing low back pain, left leg pain and right arm complex regional pain. Pain level was 7 out of 10 with medications and 10 out of 10 without medications on a visual analog scale (VAS). Documentation (08-27-2015) noted that the injured worker weaned down his Norco to twice a day from three times a day. The injured worker reported that the chronic pain medication regimen, activity restriction and rest continue to keep pain manageable to allow him to complete activities of daily living. Current medications (08-27-2015) include Norco, Neurontin, Lorazepam and Citalopram. Objective findings (08-27-2015) revealed tenderness and tightness in lumbar spine, left lumbosacral area with 75% restriction of flexion and extension and positive left straight leg raises. There was hypesthesia and dysesthesia of the right arm diffusely with some weakness. There was also some numbness and tingling with radicular pain over the left posterolateral leg area. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine dated 11-12-2013 and 05-28-2010, caudal epidural steroid injection (ESI) x2, prescribed medications, heat, ice, rest, gentle stretching, exercises and periodic follow up visits. The treatment plan included conservative treatment measures, medication management, lumbar epidural steroid injection (ESI) and follow up visit. Medical records indicate that the injured worker has been on Lorazepam since at least February of 2015 and Norco since at least August of 2015. The treating physician prescribed Norco 10-325mg #60

and Lorazepam 0.5mg #30. The utilization review dated 09-03-2015, modified the request for Norco 10-325mg #30 (original: #60) and Lorazepam 0.5mg #15 (original #30).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS Guidelines state that opioids are indicated for short-term relief of pain. They may be used for long-term pain if ongoing monitoring addressing the "4 A's" is documented. Evidence-based prescribing of opioids should be by a single provider and documentation of pain relief, functional status, appropriate medication use and medication side effects should occur. In this case, the medical records do not document a diagnosis or functional benefit to support the continued use of opioid therapy. Therefore the request is not medically necessary or appropriate.

**Lorazepam .5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** CA MTUS Guidelines state that benzodiazepines like Lorazepam are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids, which this patient is taking. There is no rationale provided for long-term use in this case, nor is there a rationale for an exception to the guidelines. Therefore the request is not medically necessary or appropriate.