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| <b>Case Number:</b>   | CM15-0201983 |                              |            |
| <b>Date Assigned:</b> | 10/16/2015   | <b>Date of Injury:</b>       | 03/03/2012 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2015 |

### 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, District of Columbia,  
Maryland Certification(s)/Specialty: Anesthesiology, Pain  
Management

### 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 28-year-old male, with a reported date of injury of 03-03-2012. The diagnoses include major depressive disorder, somatic symptoms disorder with predominant pain, psychological factors affecting medical condition, low back pain, left foot pain, and left foot crush injury. Treatments and evaluation to date have included psychological treatment, Norco (since at least 06-2012), Ativan, Lunesta, Lidoderm patch, Xanax, excision of fracture fragment accessory muscle belly first interspace, left foot on 06-2012, and Tylenol with codeine. The diagnostic studies to date have included an MRI of the left foot on 03-14-2012 and 10-16-2012. The progress report dated 07-01-2015 through 07-31-2015 indicates that the injured worker had significant depression, and thought of suicide. It was noted that the injured worker would not say if he had any plans. It was also noted that the pain appeared significant. The injured worker had sleeping difficulty secondary to pain. The objective findings were not indicated. The injured worker has been instructed to remain off work until released by the physician. The objective findings (08-11-2015) included a slightly depressed affect, left leg smaller than the right, pain in the right ankle and foot, and tenderness of the occipital area, trapezius, and medial to scapula bilaterally and lumbar spine area. The injured worker's pain ratings were not indicated. The treating physician requested Norco 10-325mg #120 and Lorazepam 0.5mg #150. On 09-29-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #120 and Lorazepam 0.5mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 tablet 4 times daily #120/30 day supply:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS performed 9/10/15 was negative for Norco. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Lorazepam 0.5mg, 5 tablets QHS #150/30 day supply:** 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:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. The documentation submitted for review indicates that the injured worker has been using this medication long term since at least 7/2014. As the treatment is not recommended for long term use, the request is not medically necessary.