

<b>Case Number:</b>	CM15-0203729		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 69-year-old male who sustained an industrial injury on 12-13-10. A request for authorization (9-9-15) notes diagnoses as lumbalgia and radiculopathy. Subjective complaints (9-9-15) include low back pain, back stiffness, sharp pain, hip pain, pain shoots down to the left leg (pain is rated 7 out of 10). A substantial benefit of the medications is reported (about 90% improvement in pain) and that he has nociceptive, neuropathic and inflammatory pain. It is noted there are no side effects from medication and urine drug screening 9-10-14 was within normal limits. The physician notes that he has attempted to wean medications with resultant "increased pain, suffering and decreased functional capacity." Objective findings (9-9-15) include blood pressure of 128 over 78, minimal 1+ pitting edema of the right ankle compared to left, feet cool to touch bilaterally, dorsalis pedis and posterior tibialis pulses are non palpable, positive pelvic thrust (left) pain with valsalva, positive FABER maneuver (left), positive stork maneuver (left), pain to palpation over left sacroiliac joint, palpation over left L3-L4, L4-L5 and L5-S1 facet capsules (left) and pain with rotational extension indicative of facet and capsular tears. Work status was noted as temporary total disability. The treatment plan notes Valium as a third line anti-neuroleptic for nerve pain as he has failed use of increased Gabapentin. Previous treatment includes sacroiliac joint injection, home exercise program, and medication. Requests for authorization (9-9-15) includes Norco 10-325mg 1 three times a day #90, Valium 5mg one per day as needed, #30 with 3 refills, Inderal 20mg 0.5mg twice a day #60. The requested treatment of Inderal 20mg #60, Valium 5mg #30 with 3 refills, and Norco 10-325mg #90 was non-certified on 9-17-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Inderal 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved labeling information.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate; Beta blockersMedScape online; propranolol.

**Decision rationale:** The available medical record does not specify the indication for the use of this medication. The IW's blood pressure is noted as normal, and the dose is lower than would be normally prescribed for that indication, the dose is also too low for migraine prophylaxis or angina. Without a clear injury/occupationally related indication provided by the treating physician the request for Inderal 20mg #60 is deemed not medically necessary.

### **Valium 5mg #30 with 3 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**Decision rationale:** Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "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 anticonvulsant and muscle relaxant effects occurs within weeks." ODG states regarding benzodiazepines, "The potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, tramadol, benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended." This medication is being utilized in conjunction with opioids. This prescription of Valium alone is in excess of the 4-week limit. The treating physician does not indicate any extenuating circumstances for why this patient should be on Valium for such an extended period. As such, the request for Valium 5mg #30 with 3 refills is deemed not medically necessary.

### **Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. This IW has exceeded the 2 week recommended treatment length for opioid usage; this request alone exceeds that limit. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid or increased level of function. As such, the request for Norco 325/10mg #90 is deemed not medically necessary.