

<b>Case Number:</b>	CM15-0020456		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained a work related injury on 12/15/02. The diagnoses have included lumbar spine discopathy, depression, alcohol dependency, and cauda equina syndrome. Treatments to date have included MRI lumbar spine, NCS/EMG study of lower extremities, and oral medications including Ativan and Norco. In the PR-2 dated 12/3/14, the injured worker complains of continuing left leg numbness and weakness. He complains of low back pain. He rates the pain a 9/10. He states medications are not as effective as they were early on in treatment. He has tenderness to palpation of lower back and muscle spasms. He has decreased range of motion in low back. On 1/28/15, Utilization Review modified prescription requests for Ativan 1mg., #120 with 2 refills to Ativan 1mg., #60 and Norco 10/325mg., #120 to Norco 10/325mg., #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg, #60 with 2 refills:** 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 rationale:** The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for 60 tablets of 1 mg Ativan with no refills reasonable with encouragement of gradual decrease in use. Overall given the documentation provided and the MTUS treatment recommendations, the original requests for Ativan 1 mg #60 with two refills and Norco 10/325 mg #120 are not considered medically necessary.

**Norco 10-325mg #120:** Upheld

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

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (12/16/02), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The note requesting 120 tablets of Norco does not detail how long the medication would actually be expected to last, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan and follow up as working to decrease opioid dependency is recommended. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for follow up, re-evaluation, etc. in light of the chronic nature of this case, the request for 120 tablets of Norco 10/325 is not considered medically necessary and a shortened course with close follow up with the approval of 60 tablets seems reasonable.