

<b>Case Number:</b>	CM15-0032195		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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

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 49 year old female, who sustained a work related injury on 5/17/14. The diagnoses have included lumbago, low back pain, radiculopathy to left leg and disc protrusion at L5-S1. Treatments to date have included physical therapy, epidural steroid injections, TENS unit therapy, activity modification and oral medications including Norco and Valium. In the PR-2 dated 1/12/15, the injured worker complains of continued back and left leg pain. She describes the pain as "pins and needles sensation and burning sensation." She is getting some pain relief from the Norco and Valium. She has decreased range of motion on lower back. She has pain to palpation L4-5 and L5-S1 levels in lumbar spine. On 2/12/15, Utilization Review non-certified requests for Norco 10/325mg. #120 and Valium 10mg. #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:

**Norco 10/325 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain. Increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of norco and thus is not medically necessary.

**Valium 10 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** According to guidelines benzodiazepines is not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. Based on these guidelines Diazepam is not medically necessary.