

<b>Case Number:</b>	CM15-0037904		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male who sustained a work related injury on March 8, 2010, while working as a highway patrol officer incurring low back injuries. He was diagnosed with a lumbar sprain. Treatments included massage therapy, muscle relaxants and pain medications. Currently, the injured worker complained of lumbosacral pain, right hip pain and buttock pain. On March 13, 2015, a request for one prescription of Norco 10/325 mg, #30, was modified to one prescription of Norco 10/325 mg, #24; and one prescription for Diazepam 10 mg #30 was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg/325mg tablets QTY: 30.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with lower back pain rated 1-3/10 with medications, 9/10 without medications. The patient's date of injury is 03/08/10. Patient has no documented history of surgical intervention directed at this complaint. The request is for NORCO 10MG/324MG TABLETS QTY 30.00. The RFA is dated 02/04/15. Physical examination dated 02/04/15 reveals tenderness over the lumbar paraspinal muscles, tenderness to palpation of the lateral aspect of the right iliac crest, and reduced external and internal range of motion in the right hip. The patient is currently prescribed Norco and Diazepam. Diagnostic imaging was not included. Patient is currently working modified duties. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco, the request appears reasonable. Progress reports indicate that this patient has been prescribed Norco since at least 11/04/14. Progress report date 02/04/15 indicates that this patient is able to reduce his pain from 9/10 to 1-3/10 on average with medications. Functionally, this patient has been able to return to working modified duties, and the treater also documents an increase in his physical activity level attributed to medications. The treater also specifically mentions a lack of aberrant behavior and discusses a consistent urine toxicology screen collected during 02/04/15 office visit. Given documentation of analgesia, functional improvement, and a lack of adverse effects or aberrant behavior, continuation of this medication is substantiated. The request IS medically necessary.

**Diazepam 10mg tablets QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Benzodiazepines.

**Decision rationale:** The patient presents with lower back pain rated 1-3/10 with medications, 9/10 without medications. The patient's date of injury is 03/08/10. Patient has no documented history of surgical intervention directed at this complaint. The request is for DIAZEPAM 10MG TABLETS QTY: 60.00. The RFA is dated 02/04/15. Physical examination dated 02/04/15 reveals tenderness over the lumbar paraspinal muscles, tenderness to palpation of the lateral aspect of the right iliac crest, and reduced external and internal range of motion in the right hip. The patient is currently prescribed Norco and Diazepam. Diagnostic imaging was not included. Patient is currently working modified duties. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." ODG Pain Chapter, under Benzodiazepines states: "Not recommended for long-term use -longer than two weeks-, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of

overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities.) 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing." In regard to the request for a continuing prescription of Diazepam, treater has prescribed an excessive course of therapy. It is not clear how long this patient has been taking this medication, though UR dated 02/11/15 indicates that this patient has been receiving Diazepam since at least September 2014. Progress report dated 02/04/15 documents pain reduction from 2/10 to 0/10 attributed to this medication in conjunction with Norco. While MTUS guidelines do not provide a specific time frame on Benzodiazepine utilization, ODG guidelines provide a clearer recommendation of two weeks for medications of this class. The requested 60 tablets exceeds this recommendation and does not imply short term use. Therefore, the request IS NOT medically necessary.