

<b>Case Number:</b>	CM13-0049816		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old male who reported an injury on June 30, 2003 from continuously lifting and moving heavy furniture. The patient developed chronic low back pain and ultimately underwent a lumbar fusion. The patient's most recent clinical examination findings included pain complaints rated at 7/10 to 8/10 and inadequate pain control with medication use. The patient's medications were listed to be Norco 10/325 mg, Valium 10 mg, and Flector patch. Physical findings included tenderness to palpation of the lumbar spine and increased pain with range of motion of the lumbar spine. The patient's diagnoses included myofascial pain syndrome, status post lumbar fusion, lumbar degenerative disc disease, and lumbar spondylosis. The patient's treatment plan included discontinuation of Norco 10 mg 3 times a day due to lack of efficacy and a trial of Percocet 7.5 mg 3 times a day and refills of the additional medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Valium 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has severe muscle spasming with tenderness to palpation that would benefit from medication management. However, the clinical documentation between the requested dates does indicate that the patient has been on this medication for an extended duration. The California MTUS guidelines do not recommend the use of benzodiazepines for extended durations of treatment due to the risk of physical and psychological dependence. Therefore, the long-term use of this medication would not be supported. As such, the prospective request for 30 tablets of Valium 10 mg is not medically necessary or appropriate.

**90 Tablets of Percocet 7.5mg-500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Initiating Therapy Page(s): 77.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient underwent a trial of Percocet 7.5 mg to 550 mg. The efficacy of that trial was not established in the documentation. Additionally, it was noted that the patient was re-transitioned during the requested time period to Norco due to the lack of availability of the Percocet 7.5 mg/500 mg. As such, the prospective request for 90 Tablets of Percocet 7.5 mg/500 mg is not medically necessary or appropriate.