

<b>Case Number:</b>	CM14-0121098		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 claimant has a history of a work injury occurring on 07/16/02. He was seen by the requesting provider on 01/08/14. He was having increased neck pain and his low back pain was stable. The note references having taken Norco for 13 years. It had become less effective. Prior treatments had included Soma and Neurontin. Medications Nexium 40 mg QHS as needed, Celebrex 200 mg two times per day, Valium 10 mg at night, and Norco 10/325 mg every four hours. Physical examination findings included a slow but non-analgesic gait. There was decreased and painful cervical spine range of motion and lumbar muscle spasms with positive left straight leg raising and positive facet loading. The note references the claimant as having not worked and been retired for years. On 01/28/14 he was having increased neck pain radiating into the upper extremities. Lyrica was being considered. Authorization for additional testing was requested. On 02/25/14 a CT scan with myelogram of the cervical spine was unchanged from a prior scan in March 2010. On 03/05/14 the CT scan results were reviewed. Prior treatments had included epidural injections. He was requesting referral for a surgical evaluation. Medications were refilled. On 04/02/14 imaging of the lumbar spine was pending. He underwent a CT scan of the lumbar spine on 05/07/14 with findings of multilevel facet hypertrophy and canal stenosis. On 05/12/14 the scan results were reviewed. Pain was rated at 7/10. He was continuing to take Norco for breakthrough pain. On 06/09/14 Norco was providing 30-40% pain relief. Pain was rated at 7/10. He was continuing to take Valium for muscle spasms and anxiety. Physical examination findings included decreased and painful cervical spine range of motion. He had a slow gait without assistive device. There was right lower extremity weakness with decreased hand sensation. He had lumbar muscle spasms with positive facet loading and positive left straight leg raise. Medications were refilled.

## 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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

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

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and back pain. Medications include Norco taken on a long term basis and becoming less effective and Valium. The requesting provider documents chronic lumbar muscle spasms. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. Gradual weaning is recommended for long-term users. Therefore the continued prescribing of Valium was not medically necessary.

**180 tablets of Norco 10/35 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and back pain. Medications include Norco taken on a long term basis and becoming less effective and Valium. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed on a long term basis and becoming less effective. There no evidence of progress towards a decreased reliance on medical care. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.