

<b>Case Number:</b>	CM14-0147015		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/15/1996
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, Pain Medicine and is licensed to practice in California. 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 injured worker is a 52-year-old female who sustained an injury on 02/15/96. She complained of pain and stiffness in the lower back and slight pain in her legs and knee. Exam revealed myospasm in the lower back with reduced ROM. Left knee had synovitis. Lumbosacral MRI in 1998 revealed disc degeneration and disc bulging at L4-5 and L5-S1 levels. On 11/17/10, she underwent a bilateral laminectomy, discectomy, foraminotomy, decompression interbody fusion stabilization at L4-5 and L5-S1 with segmentation fixation to sacrum, and left knee surgery on 03/10/99. Current medications include Valium, Ambien, and Norco. She previously underwent conservative treatments including physical therapy, Flexeril, Tylenol with Codeine, Ambien, Excedrin, Vicodin, Celebrex, Norco, home exercises, Diazepam, Docusate, and Lorazepam. She also had lumbar/caudal epidural steroid injection with 2.5 months of excellent pain relief in 1999. She was previously authorized for Norco and Valium on 04/18/14; Valium was denied on 06/19/14. Diagnoses include patellofemoral chondromalacia, knee arthritis syndrome, and lumbar disc herniation. The request for decision for Valium 10mg #60 was denied and decision for Norco 10/325 mg #120 was modified to Norco 10/325 mg #90 in accordance with medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg#60:** Upheld

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

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

**Decision rationale:** Per guidelines, Valium (Diazepam) is not recommended for long-term use. Diazepam, is a long-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the guidelines, Benzodiazepines are not recommended. These medications are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Diazepam is appropriate and medically necessary for this patient, thus the request is not medically necessary.

**Norco 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.