

<b>Case Number:</b>	CM14-0149380		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/14/2002
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Practice 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:

54 yr. old female claimant sustained a work injury on 12/14/2002 involving the low back and wrists. She was diagnosed with lumbar disk disease with radiculopathy, diffuse myofascial pain, carpal tunnel syndrome and chronic pain syndrome. She had undergone a carpal tunnel release bilaterally. An MRI of the back in 2003 showed L5-S1 annular tear. She had undergone epidural steroid injections, therapy and chiropractor sessions. A progress note on 5/29/14 indicated the claimant had 8/10 back pain. She had been on Norco, Ibuprofen and Valium for pain and spasms. Exam findings were notable for reduced range of motion of the lumbar spine and hypoesthesias in the left lower extremities in multiple dermatomes. She was continued on the above medications. A progress note on 7/29/14 indicated the claimant 8/10 back pain. Exam comments were noted to be "unchanged" from 1 month ago. The claimant was continued on the above medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg tablets #120 with 1 refill:** 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:** Benzodiazepine (Diazepam) which according to the Chronic Pain Medical Treatment Guidelines is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Valium for months. The symptoms were persistent and recent notes did not include exam findings to necessitate Valium (Diazepam). Continued use of Diazepam is not medically necessary.

**Norco 10/325mg tablets #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, Dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

**Ibuprofen 600mg tablets #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs such as Ibuprofen is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, the claimant had been on Ibuprofen for months with continued pain and no details on improvement in function. Continued use of Ibuprofen is not medically necessary.