

<b>Case Number:</b>	CM14-0093477		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 & Rehabilitation 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 61-year-old male with a reported date of injury on 02/01/2003. His diagnoses were noted to include lumbar radiculitis, status post low back surgery with L5-S1 fusion and instrumentation. The progress note dated 04/07/2014 revealed complaints of low back pain rated 8/10 with bilateral lower extremity radiating pain. The physical examination revealed tenderness to palpation over the paraspinal musculature with a positive straight leg raise, as well as decreased range of motion and decreased tendon reflexes. The Request for Authorization form dated 05/05/2014 revealed complaints of low back and left knee pain. The physical examination revealed tenderness to the low back and range of motion was painful. There was a positive straight leg raise and the left knee had tenderness, crepitus, and a positive McMurray's. The Request for Authorization form dated 04/07/2014 is for a follow-up visit; however, the provider's rationale was not submitted within the medical records. The Request For Authorization form dated 04/07/2014 was for Norco 10/325 mg #60 one every 6 to 8 hours as needed for pain and diazepam 10 mg #30 one at bedtime for anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opiate medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications, improved functional status with activities of daily living, side effects, and urine drug screen submitted for review dated 04/14 did not show use of opioids. Therefore, due to the lack of evidence of decreased pain, improved functional status, side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Diazepam 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

**Decision rationale:** The request for Diazepam 10 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. 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 muscle relaxant effects occurs within weeks. There is lack of documentation regarding efficacy of this medication. The guidelines recommend short term (4 weeks) utilization of this medication, and the injured worker has been taking this medication since at least 04/2014. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Follow Up Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** The request for a follow-up visit: The injured worker complains of low back pain and knee pain. The California MTUS/ACOM Guidelines state patients with potentially work related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist, who can counsel the patient at avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient does return to work, these interactions may be conducted on site or by telephone to avoid interfering with modification or forward activities. The physician follow-up can occur when released to a modified, increased, or full duty as needed or after appreciable healing or recovery can be expected. On average, physician follow-up might be expected every 4 to 7 days if the patient is off work and 7 to 14 days if the patient is working. The previous medications have been deemed not medically necessary and there is a lack of documentation regarding future treatments to warrant a follow-up visit. Therefore, the request is not medically necessary.