

<b>Case Number:</b>	CM14-0095196		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 69-year-old male who reported an injury on 07/16/2002 due to an unspecified mechanism of injury. The injured worker complained of neck and back pain. The injured worker had diagnoses of cervical spine strain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, cervical facet arthropathy, lumbar facet arthropathy, cervicgia, and sciatica. The past treatments included cervical epidural steroid injections, lumbar epidural steroid injections, medications and a urinalysis. The diagnostics included CT scans of the cervical spine. The urinalysis dated 05/12/2014 revealed a positive find for Norco, negative find for Valium, and positive signs for ethanol. The medications included Nexium, Celebrex, Valium, and Norco. The physical findings dated 05/12/2014 to the cervical spine revealed the range of motion was decreased with flexion 30 degrees, extension 20 degrees with pain bilaterally. The lumbar spine was positive for spasms, negative for seated straight leg raise to the right and positive for a seated straight leg raise to the left, facet loading positive, gait and stance left antalgic gait, slow gait. Motor examination revealed abnormal movements with upper extremities 5/5 strength throughout. The treatment plan included refill for Norco and for Valium. The Request for Authorization dated 09/15/2014 was submitted with documentation. The injured worker reported his pain as 7/10 using the VAS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**540 tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

**Decision rationale:** The request for 540 tablets of Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend short acting opiates, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The injured worker has been taking the Norco for 13 years with a rated pain of 7/10 using the VAS. The documentation provided noted the injured worker was being weaned from the Norco. The UA drug screen was positive for alcohol and positive for his Norco. Therefore, a safety concern is advised. The request did not indicate a frequency. As such, the request is not medically necessary.

**90 tablets of Valium 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Pain

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

**Decision rationale:** The request for 90 tablets of Valium 10 mg is not medically necessary. The California MTUS Guidelines indicate that Valium is known generically as diazepam and is a benzodiazepine primarily indicated as a sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are not recommended due to rapid development of intolerance and dependence. Most guidelines limit the use for 4 weeks. Per the clinical notes, the injured worker had exceeded the guidelines on the time allowed. However, the UA drug screen dated 05/12/2014 indicated a negative result for the Valium and a positive for alcohol use. The request did not indicate the frequency. As such, the request is not medically necessary.