

<b>Case Number:</b>	CM14-0218997		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/21/2005
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 58-year-old female, who sustained an industrial injury on 6/21/2005, post tripping on an intravenous pole, did the splits on the hard floor, landed hard on her left knee, right elbow and twisted her lower back. She had a diagnosis of right elbow contusion, left shoulder strain, right shoulder strain and left knee and lumbar strain. Primary Treating Physician's Progress Report on 11/13/2014 noted that the injured worker had ongoing back and knee pain and continued to do well her current medication regimen. The documentation noted that her current medications were Norco, valium and lactulose. She had ongoing tenderness to lumbar paraspinal muscles and the left knee. Documentation noted that she had an Magnetic Resonance Imaging (MRI) of the left shoulder dated 12/03/2009 showed partial interstitial tear between the distal supra and infraspinatus tendons and mild degenerative changes. The documentation noted that random urine drug screens have been consistent. The documentation noted she had a diagnosis of chronic low back pain and chronic left shoulder pain. The documentation noted under work status that the case is closed with Future Medical Benefits. Urine drug screen done on 11/13/2014 was done with testing positive for benzodiazepines and opiates. Prospective usage of norco 10/325mg #180, prospective use of norco 10/325 #180 (do not dispense until 12/13/2014), prospective usage of valium 10mg #30 (refill times 1) and urine drug screen were requested and were reviewed by utilization review on 12/9/2014. The prospective usage of norco 10/325mg #180 was modified to norco 10/325mg #60 and the prospective use of norco 10/325 #180 (do not dispense until 12/13/2014) was non-certified. Documentation lacks documentation of risk assessment profile and attempt at weaning/tapering.

Due to risk for withdrawal syndrome from abrupt discontinuation, partial certification is recommended for prospective use of generic norco 10/325mg #60, non-certification is recommended for prospective use of norco 10/235mg #180 (do not dispense until 12/13/2013). The Chronic Pain Medical Guidelines was used. The prospective usage of valium 10mg #30 (refill times 1) was modified to valium 10mg #30, without refills and the urine drug screen was non-certified per the use of the Chronic Pain Medical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic knee and low back pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document attempts at weaning from the opioids or a clinical profile for risk assessment. Based on the documentation the prospective prescription for Norco 10/325 mg is not medically indicated.

**Valium 10mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic pain in the knee and low back. Benzodiazepines are not recommended for long-term use. Clinical studies fail to demonstrate long-term efficacy. Most patients rapidly become dependent to benzodiazepines. Chronic benzodiazepines use are the treatment of choice in very few conditions. Tolerance develops rapidly and long-term use may actually increase anxiety. Ongoing use of Valium is not medically indicated.

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

**Decision rationale:** This patient receives treatment for chronic knee and low back pain. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical red flags include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. Multiple urine drug screens have consistently been negative. The urine drug screen is not medically indicated.