

<b>Case Number:</b>	CM15-0000059		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/23/2003
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/17/2014
<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: Preventive Medicine, Occupational Medicine

### 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 36 year old female, who sustained an industrial injury on 01/23/2003. Medical records provided did not indicate the injured worker's mechanism of injury. The documentation provided noted the most recent diagnoses of status post left knee arthroscopy with anterior cruciate ligament (ACL) reconstruction, lateral release, partial meniscectomy, chondroplasty, and synovectomy; internal derangement of the left knee; lumbar four to five facet arthropathy; chronic low back pain; cervical five to six disc herniation; and intermittent right cervical radiculopathy. Treatment to date has included the above listed surgical procedure, urine drug screens, use of ice packs, home exercise program, use of Kool Aid, and medication history of Norco, Restoril, Zanaflex, and Prilosec. Documentation also noted recent approval for physical therapy and lumbar support wedge. Currently the injured worker complains of increase in neck pain that radiates to the right upper extremity with associated symptoms of numbness and increase in headaches. The injured worker also continues to have complaints of lower back pain that radiates to the right lower extremity and left knee pain. The injured worker rates the pain a seven with use of medications and a ten without medications. The treating physician requested refills for Norco for the pain and Restoril for sleep interruption secondary to the pain. On 12/17/2014, Utilization Review modified the prescriptions for Norco 10/325mg with a quantity of 90 and Restoril 30mg with a quantity of 30 to Norco 10/325mg with a quantity of 60 and Restoril 30mg with a quantity of 15 from 12/17/2014 to 02/17/2015, noting the MTUS, Opioids and MTUS, Benzodiazepines was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records report reduction in pain with medication use, but there is no objective functional improvement with the use of Norco. Medical necessity for the chronic use of opioid pain medications has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Utilization review recommended partial certification of this request to allow for weaning of medication. The request for Norco 10/325mg #90 is determined to not be medically necessary.

**Restoril 30 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section Weaning of Medications section Page(s): 24, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. Utilization review recommended partial certification of this request for the purposes of weaning. The request for Restoril 30 mg #30 is determined to not be medically necessary.