

<b>Case Number:</b>	CM15-0118840		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Connecticut, California, Virginia  
 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 52 year old male, who sustained an industrial/work injury on 3/24/00. He reported initial complaints of back and knee pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar radiculopathy, s/p spinal cord stimulator, medial meniscal tear, lumbar/sacral disc degeneration. Treatment to date has included medication, neurosurgical consultation, and diagnostic testing. MRI results were reported on 9/14/06. CT scan results were reported on 7/3/08, 11/26/08, and 11/23/09. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 1/3/12 notes possible minimal ulnar pathology at elbow. X-Rays results were reported on 6/4/07. Currently, the injured worker complains of chronic back and knee pain rated 5/10 with meds and 7/10 without meds. Per the primary physician's progress report (PR-2) on 5/27/15, exam notes range of motion is restricted, paravertebral muscle spasm and tenderness and tight muscle band on both sides, positive straight leg raise on the right side at 60 degrees, and tenderness at sacroiliac spine. The requested treatments include Valium 5 mg, Norco 10/325 mg, and MS SR 15 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #24:** Upheld

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

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

**Decision rationale:** The MTUS does not recommend benzodiazepines for long-term use in cases of chronic pain because long-term efficacy is unproven and there is a risk of dependence. The range of action of this class of drug includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. As tolerance to the muscle relaxing effects of benzodiazepines occurs within weeks, it is likely that this patient should be weaned from the medication, making the modification by utilization review recommending a taper medically appropriate. Therefore, given the provided records and the current medical evidence, the initial request to continue use of Valium in this patient is not considered to be medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

**MS SR 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for long-acting opioid treatment is not considered medically necessary.