

<b>Case Number:</b>	CM15-0122173		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/13/2000
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Georgia  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59-year-old female with an industrial injury dated 06/13/2000. Her diagnoses included low back pain and status post discectomy on lumbar 4-5 in 2000. Prior treatment included medications, physical therapy and aqua therapy. She presents on 05/20/2015 with complaints of low back pain. Objective findings included increased pain in the lower back with prolonged sitting. She had limited range of motion with flexion and extension with pain at the end ranges. Medications were Norco, Valium, Relafen, Prilosec and Amitriptyline. Treatment plan included medications to include Norco, Valium, Relafen and Amitriptyline. Other treatments included a request for aqua therapy. Work restrictions consisted of no lifting over 15 pounds and no prolonged sitting or standing over 10-15 minutes without an opportunity to change positions. The request for retrospective Elavil (Amitriptyline) 25 mg # 60 with 1 refill for date of service 05/20/2015 was authorized. The treatment request for review is refill for Norco 10/325 mg # 150 (instructed not to fill until 06/20/2015), retrospective request for Norco (hydro- APAP) 10/325 mg # 150 (1 month supply) dispensed 05/20/2015, retrospective request for Relafen (Nabumetone) 750 mg # 120 (2 month supply) dispensed 05/20/2015 and retrospective request for Valium (Diazepam) 5 mg # 60 (2 month supply) dispensed 05/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Norco (hydro-APAP) 10/325mg #150 (1 mo supply) Dispensed 5/20/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioids - 4 A's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco (hydro-APAP) 10/325mg #150 (1 mo supply) Dispensed 5/20/15 was not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

**Refill for Norco 10/325mg #150 (Instructed not to fill until 6/20/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Refill for Norco 10/325mg #150 (Instructed not to fill until 6/20/15) is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

**Retrospective request: Valium (Diazepam) 5mg #60 (2 mo supply) Dispensed 5/20/15: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter: Benzodiazepines.

**Decision rationale:** Retrospective request: Valium (Diazepam) 5mg #60 (2 mo supply) Dispensed 5/20/15 is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. Ca MTUS page 24 states that "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. They are ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore, the requested medication is not medically necessary.

**Retrospective request: Relafen (Nabumetone) 750mg #120 (2 mo supply) Dispensed 5/20/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Relafen (Nabumetone) 750mg #120 (2 mo supply) Dispensed 5/20/15 was not medically necessary. Relafen is a non-steroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatory. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.