

<b>Case Number:</b>	CM15-0126105		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/25/2006
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on May 25, 2006. She reported bilateral hand pain with numbness, tingling and burning following a discectomy in 2012. The injured worker was diagnosed as having lumbar spinal stenosis with claudication, acquired spondylosis, cervical spondylosis with myelopathy and brachial neuritis. Treatment to date has included diagnostic studies, radiographic imaging, medications, conservative care, physical therapy and work restrictions. Currently, the injured worker complains of continued shoulder pain with bilateral hand burning, tingling, numbness and weakness. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Urinary drug screen on October 8, 2014, was noted as inconsistent with expectations. Evaluation on December 9, 2014, revealed continued pain. Norco and Ativan were continued. Evaluation on January 5, 2015, revealed she underwent cervical surgery in 2012. Following the intervention she developed numbness in the left thumb, index and middle fingers and bilateral shoulder pain. She also developed post-operative hoarseness, difficulty swallowing and nocturia. Computed tomography (CT) of the cervical spine on June 3, 2015, revealed mild anterolisthesis, facet degenerative changes with moderate left neural foraminal narrowing and anterior fusion from cervical 4-5, 5-6 and 6-7. Nerve conduction studies on June 6, 2015 revealed mild sensory neuropathy on the median nerve on the right side and no electrical evidence of other peripheral neuropathy of bilateral upper extremities. There was no electrical evidence of bilateral upper extremity

radiculopathy on exam of the left upper extremity. Norco 10/325 #180 and Ativan 0.5mg #60 were requested.

### **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 Page(s): 74-96.

**Decision rationale:** According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. In addition, Norco had been prescribed for an extended period of time without indication of weaning. For these reasons, the request for Norco 10/325 #180 is not medically necessary.

**Ativan 0.5mg #60:** Upheld

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

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

**Decision rationale:** According to the California (CA) MTUS Chronic Pain Medical Treatment Guidelines, Ativan is a benzodiazepine and benzodiazepines are not recommended by CA MTUS for long-term use. It is noted long-term efficacy is unproven and there is a risk for dependency. Benzodiazepines are habit forming and intended for short term use usually less than four weeks. There were no documented indications for weaning off the medication. It was documented the injured worker had been prescribed Ativan for several months. There was no noted functional improvement and no evidence of failed trials of medications intended for use for longer durations to treat chronic pain. Ativan 0.5mg #60 is not medically necessary.