

<b>Case Number:</b>	CM15-0147332		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice, Sports 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 60 year old female who sustained an industrial injury on February 21, 2011. A pain management follow up dated May 20, 2015 reported the worker in need of medication refills. She has subjective complaint of left knee pain. The impression found the worker with: left knee quadriceps anterior suprapatellar fat pad impingement syndrome; left popliteal fossa small cyst Baker's, and left tibial plateau mild chondromalacia. Current medication regimen consisted of: Norco 10mg 325mg, Mirtazapine, Baclofen, Valium, and Advil. The following diagnoses were applied: pain in joint lower leg, bilateral knees; spondylosis lumbosacral, and stenosis spinal lumbar. She is deemed previously as permanent and stationary. Follow up date July 16, 2015 reported having arthritis, bowel irregularity and signs and symptoms of bronchitis. The treating diagnoses remain unchanged. Current medications consist of: Norco, Baclofen, Valium, DSS, Senokot, Advil and Lyrica. There is noted discussion regarding urine drug screening results and primary treating prescribing Percocet for pain flare ups. There are noted discrepancies in the toxicology results and recommending initiating Buprenorphine and counseling. In addition, the Norco would be modified to request #45 Norco 10mg 325mg for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records, and it appears that this medication has given functional gain to the patient. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is indicated a medical necessity to the patient at this time.

**Valium 10mg #15 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the MTUS guidelines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety". According to the clinical documents, the Valium requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; the Valium, as noted above, is not indicated a medical necessity to the patient at this time.