

<b>Case Number:</b>	CM15-0172438		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 43 year old male, who sustained an industrial injury on July 24, 2013. The injured worker was diagnosed as having other and unspecified disc disorder of lumbar region, degeneration of lumbar disc, tear of medial meniscus, and left leg joint pain. On June 25, 2015, the injured worker reported midline lumbar spine pain, weakness, limited range of motion, and numbness and tingling distally to the left leg and toes. The injured worker underwent an epidural injection and nerve block, 10 days prior, which worsened his symptoms. He reported god pain relief with Norco. In addition, he reported ongoing left knee symptoms following arthroscopic surgery 7 months prior. His symptoms include medial aspect and left calf pain, locking, instability, and weakness. He is using a cane and is bearing partial weight. He has undergone a left knee nerve block injection 5 weeks prior, which provide temporary relief. His symptoms returned with equal severity. The physical exam (June 25, 2015) reveals an antalgic gait, mild left knee effusion, tenderness to palpation of the medial joint line, and flexion of 120 degrees and extension of 0 degrees. On August 6, 2015 indicate ongoing medial aspect pain of the left knee and weakness and ongoing lower back pain radiating to bilateral lower extremities. He reported mild pain relief with Norco taken as needed. The physical exam (June 25, 2015) reveals 1+ left knee effusion, tenderness to palpation of the medial joint line, and flexion of 90 degrees and extension of 0 degrees. Per the treating physician (August 6, 2015 report), the injured worker is not able to work. Surgeries to date have included left knee arthroscopic medial and lateral meniscectomy in 2013 and 2014. Treatment has included: at least 8 sessions of physical therapy, off work, left knee nerve block injection, lumbar steroid injection, lumbar5

facet medial branch block, radiofrequency ablation of lumbar medial branch nerves, and medications including pain (Norco since at least January 2015 and Tramadol), benzodiazepine, anti-epilepsy (Neurontin), sleep (Restoril since at least January 2015), and non-steroidal anti-inflammatory. The requested treatments included Norco 10mg-325mg #60 and Restoril 30mg capsule #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10mg-325mg #60: 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): Opioids for neuropathic pain, Opioids for chronic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDS. Recent exam notes did not include pain scores. There was no mention of Tylenol or weaning failure. The continued use of Norco is not medically necessary.

**Restoril 30mg capsule #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Edition, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. It is unclear whether pain vs. a primary sleep disorder was the underlying problem with sleep. Chronic use of Restoril is not medically necessary.