

<b>Case Number:</b>	CM15-0063683		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/02/1998
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 73 year old female who sustained an industrial injury on 1/2/98. The diagnoses have included post laminectomy syndrome of the lumbar region, old bucket handle of the medial meniscus and morbid obesity. Treatment to date has included medications, bracing/immobilizing, activity modifications, crutches, physical therapy, diagnostics, and surgery and conservative measures. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 5/19/00 and 2/19/07, Magnetic Resonance Imaging (MRI) of the bilateral hips was done on 1/21/09 and the right knee was done on 5/5/98. The lumbar Magnetic Resonance Arthrogram was done on 5/24/10. The x-rays of the lumbar spine were done on 4/8/00 and left knee x-ray was done 8/8/14. Currently, as per the physician progress note dated 2/6/15, the injured worker complains of severe constant pain in the low back that radiates to the left hip and thigh with associated numbness in the left thigh. The pain level was rated 10/10 on pain scale. The objective findings were tenderness of the low back and left hip and left knee. She was advised by her primary physician that she had paresthesia of the left leg and thigh area. The physician requested treatments included Retrospective Valium 10 mg #90 (2/6/15) and Retrospective Norco 10/325 mg #270 (2/6/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Valium 10 mg #90 (2/6/15): Upheld**

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

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

**Decision rationale:** Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**Retrospective Norco 10/325 mg #270 (2/6/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, on-going management Page(s): 80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.