

<b>Case Number:</b>	CM15-0066994		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old male, who sustained an industrial injury on 7/8/2008. He reported right knee pain. The injured worker was diagnosed as having lower leg joint pain, depression, muscle spasm, and anxiety. Treatment to date has included urine drug screening, medications, physical therapy, and injection. The request is for Valium 5mg #30, and Norco 10/325mg #100. The records indicate he began utilizing Norco prior to 12/10/2014, when he indicated it to provide him with 70% pain relief. On 3/5/2015, he has continued right knee pain he rated 8/10. He indicated the pain increased with bending, squatting, prolonged standing, and walking. He indicates his function has decreased by 50%. The treatment plan included: injection, Effexor XR, Valium, Norco, Anaprox DS, and Omeprazole. The documentation reveals that the patient was undergoing prior opiate weaning but due to an oral abscess and mouth surgery with persistent jaw pain his Norco was increased in August 2014. A peer review in Dec. 2014 recommended non certifying Norco as patient was already given opportunity for weaning. Per the 1/8/15 documentation the patient has recovered for oral surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Benzodiazepines.

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

**Decision rationale:** Valium 5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Valium significantly longer than the recommended 4 week. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Valium is not medically necessary.

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #100 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement or significant pain relief. Prior peer reviews have recommended weaning and discontinuing Norco for these reasons. Without evidence of efficacy from prior Norco use the request for continued Norco use is not medically necessary.