

<b>Case Number:</b>	CM15-0070809		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Internal Medicine, Rheumatology

### 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 female, who sustained an industrial injury on 12/31/2005. The medical records submitted for this review failed to include the details of the initial injury. Diagnoses include cervical discogenic condition with facet inflammation, radiculopathy, right shoulder impingement, right knee internal derangement and right ankle sprain. She has a history of depressive disorder and pain disorder secondary to industrial orthopedic conditions. Treatments to date include hot/cold, activity modification, medication therapy, and psychotherapy. Currently, she complained of pain in the right knee and ankle, low back and bilateral shoulders associated with weakness of the shoulders and bilateral arms. On 2/4/15, the physical examination documented tenderness along shoulder and biceps tendon with weakness against resistance. There was tenderness with palpation of the knee and across the low back. The plan of care included medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 Mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 43 year old female has complained of neck pain and low back pain since date of injury 12/31/05. She has been treated with physical therapy and medications to include opioids since at least 08/2014. The current request is for Ultracet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultracet is not medically necessary.

**Lorazepam 1 Mg #60:** Upheld

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

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

**Decision rationale:** This 43 year old female has complained of neck pain and low back pain since date of injury 12/31/05. She has been treated with physical therapy and medications to include benzodiazepines since at least 06/2013. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Lorazepam is not medically necessary in this patient.