

<b>Case Number:</b>	CM15-0071940		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/01/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New Jersey

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 59 year old female, who sustained an industrial injury on 09/01/2003. She reported pain in her neck and shoulder and was diagnosed with lumbosacral segment dysfunction, lumbago, and pain in the thoracic spine. The injured worker is currently diagnosed as having acute and chronic pain and spasm in right arm/hand, chronic neck and shoulder pain, cervical spine stenosis, and rotator cuff syndrome. Treatment and diagnostics to date has included cervical spine MRI, chiropractic treatment, and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of pain in the neck, shoulders, down arms, and hands. The treating physician reported requesting authorization for Lorazepam and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG Qty 195:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence of this full review regarding Norco use. There was no mention of pain levels with and without the use of this medication, nor was there any mention of functional gains directly related to its ongoing use. Although there was evidence of weaning taking place down from the previous dosing of Norco, the wean appears to be slower than necessary. Therefore, considering the above reasons, the request for Norco will not be considered medically necessary. However, continued weaning is still indicated.

**Lorazepam 1 MG Qty 440:** 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:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, it was unclear from the notes exactly why the lorazepam was being used although there was evidence of muscle spasm. However, there was insufficient documentation of functional gains or even symptomatic or pain level reductions directly related to the ongoing daily use of lorazepam, which regardless is not recommended to be used chronically as such. Therefore, the request for lorazepam will not be considered medically necessary. However, weaning is indicated.