

<b>Case Number:</b>	CM13-0009252		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/26/2001
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old gentleman who was injured on 03/26/01. Records indicate continued ongoing complaints of low back pain as well as neck pain, left upper extremity pain, and bilateral upper extremity numbness with lower extremity radicular findings to the feet also noted. Recent clinical assessment on 06/28/13 showed ongoing subjective complaints of the above with a physical examination revealing tenderness bilaterally to the lumbar paraspinous and cervical paraspinous muscles with spasms, 4+/5 strength to the biceps tendon, triceps, and deltoid bilaterally with bilateral quadriceps and hamstring strength limited by pain at 4+/5. It indicates that the claimant is currently utilizing medications in the form of Temazepam, Prilosec, Norco, and Senna. He denies side effect with the use of these medications. Treatment plan at that point in time was for continuation of medications as stated above as well as need for an epidural steroid injection to the C5-6 level with the claimant noted to be disabled with diagnosis of chronic pain syndrome, herniated cervical and lumbar discs, and lumbar radiculopathy. Recent documentation of imaging is not provided. Records are indicative of conservative measures with no indication of prior surgical process being stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#60 Temazepam 15mg 67877014605: Upheld**

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

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

**Decision rationale:** Continued use of Temazepam would not be indicated. California MTUS Chronic Pain Medical Treatment Guidelines indicates the benzodiazepines are not recommended for long term use due to lack of long term efficacy or safety. Most guidelines limit their role to use for short terms of no more than four weeks. Given the understanding, the claimant has been utilizing this agent for a greater than four week period of time and its continued role in this claimant's chronic course of care would not be indicated.

**#60 docusate/sennosides 50/8.65mg bndc 49483008100:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Pain Procedure

**Decision rationale:** California MTUS Guidelines are silent regarding particular use of medications for opioid induced constipation. When looking at Official Disability Guidelines criteria, the role of this prophylactic agent for constipation in the setting of chronic use of opioid analgesics would appear to be medically necessary given the claimant's clinical records available for review.

**#90 Hydrocodone/apap 7.5/325mg bndc 0603389132, 0603389:** Overturned

**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): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of opioid analgesics in this care appeared medically necessary. The claimant's last assessment showed physical examination findings positive of spasm and radiculopathy with documentation subjectively that pain complaints are being controlled and actually improved with use of agents. The continued role of medications in the form of Hydrocodone in this chronic stage, thus, would appear to be medically necessary.

**#60 omeprazole 20mg bndc 60505006501:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Omeprazole, a proton pump inhibitor, would not be indicated. Indications for use of protective GI agents would include demonstration of a GI risk factor. California MTUS Guidelines have determined these factors to be an age greater than 65-years, a history of peptic ulcer, GI bleeding, or perforation, concordant use of aspirin, corticosteroid, or anticoagulants, and high dose multiple non-steroidal usage. None of these above criteria's are noted with the claimant's clinical records for review, thus, the need for this supporting GI protective agent would not be indicated.

**#60 naproxen sodium 550mg bndc 53746019405:**

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

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

**Decision rationale:** Based California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Naprosyn would not be indicated. In regard to chronic use of non-steroidal medication for chronic low back complaints, it is indicated that non-steroidal medications is only indicated for acute symptomatic flare with recent studies and literature indicating no demonstration of efficacy in the chronic setting or for maintenance purposes. Given the claimant's long term use of non-steroidal use with no apparent documentation of symptomatic flare of symptoms or complaints, the role of continued use of Naprosyn in this individual would not be indicated.