

<b>Case Number:</b>	CM13-0013573		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 physical medicine and rehabilitation, has a subspecialty in pediatric rehabilitative medicine, and is licensed to practice in Ohio and Texas. 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.

### 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 66-year-old who reported an injury on 11/14/2007. The patient is noted in 03/2004 to have injured his low back when his chair rolled back and he fell onto a cement floor. He is reported in 2007 to have pain and discomfort develop around his neck and shoulder, ongoing back pain with radiation of pain to his left buttock. The patient is noted to have undergone a right shoulder surgery in 09/2008, a left shoulder surgery in 11/1998, and a second left shoulder surgery in 2009 with a revision in 03/2010. A clinical note dated 06/13/2013 signed by [REDACTED] reported the patient complained of left low back pain radiating to the left buttock, left posterolateral thigh, and left calf. He reported difficulty staying asleep and noted he was feeling anxious and restless. He was reported to have received an LOS brace and to have been instructed by his nephrologist to discontinue naproxen. At that time, his medications were noted to include metformin, Tiazac, Fosinopril, simvastatin, glipizide, Nexium, Vicodin as needed for pain, and Temazepam 15 mg at bedtime as needed for sleep. The patient is noted to have undergone an anterior cervical discectomy and fusion in 2010 and a left elbow surgery on an unstated date along with bilateral shoulder surgeries. On physical examination, the patient is noted to have tenderness to palpation over the left lumbar paraspinal muscles overlying the L3 through S1 facet joints; lumbar range of motion was restricted by pain in all directions with lumbar flexion being worse than lumbar extension. Lumbar discogenic provocative maneuvers were reported to be positive. The patient is noted to have deep tendon reflexes of 1 and symmetrical bilaterally in all extremities. The patient was noted to have 5/5 muscle strength except for the left EHL, tibialis anterior, gastrocnemius, and soleus which were 4+/5. The patient was given a prescription for trazodone 25 mg for bedtime and Lidoderm patches 12 hours on 12 hours of

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,79-81.

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, an recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is recommended. The patient is noted to have mild loss of strength in the left EHL, tibialis anterior, gastrocnemius, and soleus muscles and normal deep tendon reflexes and was noted to have been prescribed tramadol for his ongoing chronic pain. The patient is noted to have decreased pain with use of medications and known to be using his medication appropriately with no side effects; however, there is no documentation that the patient has increased level of function or improved quality of life with the medication and as such, the requested tramadol does not meet guideline recommendations. The request for Tramadol 37.5/325 is not medically necessary or appropriate.

**Temazepam 15mg, 1 tab p.o. q.h.s.p.r.n. sleep #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,79-81.

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Temazepam are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency, noting that most guidelines limit the use of Temazepam to 4 weeks. As the patient is noted to have been taking the Temazepam on what appears to be a routine, ongoing basis, the requested Temazepam does not meet guideline recommendations. The request for Temazepam 15mg, 1 tab p.o. q.h.s.p.r.n. sleep #30 with 0 refills is not medically necessary or appropriate.