

<b>Case Number:</b>	CM13-0016800		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Pain Management 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of October 15, 2007. A utilization review determination dated August 20, 2013 recommends noncertification of, "ongoing care with [REDACTED] with pain management follow-up visit in 4 months, temazepam 15 mg #60." The utilization review determination states, "given that he is on pain medications including opioids, it is deemed that continued pain management is appropriate to address the patient's condition at this time. As such, the medical necessity of the requested ongoing care with [REDACTED] (pain management) is established. As to the request for follow-up visit in 4 months, it is also deemed that this is appropriate. The patient still has conditions necessitating continued treatment. The requested follow-up visit may be necessary for reevaluation and/or further treatment." A progress report dated July 9, 2013 identifies, "he denies any changes in his symptoms since the last visit. He denies any new injuries are any problems with bowel or bladder dysfunction. The patient does note occasional chills and night sweats. He is currently under the care of [REDACTED], the pain management specialist. The patient states that he is currently taking Norco 10/325 mg 3 per day, Senna 2 per day, Terocin cream, temazepam 1 at night, and gabapentin 300 mg 3 per day. He states that medications are helping decrease his pain and he denies any side effects with the medication." Objective examination identifies, "palpation of the cervical, thoracic, and lumbar spine revealed bilateral paraspinal tenderness. The patient has positive facet challenge on the left of the lumbar spine. Range of motion of the cervical thoracic and lumbar spine is decreased in all planes. Decreased right C5 and C6 dermatomes to pinprick and light touch. Sensation is intact and bilateral lower extremities." Diagnoses include, "degenerative disc disease of the lumbar spine, lumbar facet arthropathy, bilateral lumbar radiculopathy, cervical radiculopathy." Treatm

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing care with Dr. Kenly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for, "ongoing care with [REDACTED]," guidelines do not contain criteria for the requested follow-up with pain management. Guidelines to recommend regular follow-up in the treatment of industrial injuries. When chronic opiates are being used, guidelines recommend regular follow-up to minimize the risk of opiate misuse, abuse, or diversion. Within the documentation available for review, it is clear this patient is on chronic opiates. The pain management provider has been performing urine drug screens and obtaining DEA reports to monitor the patient's compliance with the prescribed opiate regimen. However, the current request is for, "ongoing care with [REDACTED]," which would imply an open-ended number of further treatments. Guidelines do not support open-ended ongoing treatment indefinitely. It is unclear if this patient will need to continue using opiate pain medication for the rest of his life, or if a primary treating physician would feel comfortable taking over prescription of the patient's opiates at some point in the future. In the absence of clarity regarding those issues, the currently requested "ongoing care with [REDACTED]," is not medically necessary.

**Pain management follow-up visit in 4 months: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for, "pain management follow-up visit in 4 months," guidelines do not contain criteria for the requested follow-up with pain management. Guidelines do recommend regular follow-up in the treatment of industrial injuries. When chronic opiates are being used, guidelines recommend regular follow-up to minimize the risk of opiate misuse, abuse, or diversion. Within the documentation available for review, it is clear this patient is on chronic opiates. The pain management provider has been performing urine drug screens and obtaining DEA reports to monitor the patient's compliance with the prescribed opiate regimen. The previous utilization review determination stated that ongoing care with [REDACTED] was established and a follow-up visit in 4 months was appropriate, due to ongoing prescription of opiates. Therefore, since the patient is currently being prescribed chronic opiates, and being monitored by a pain management provider (including urine drug screens and DEA reports), the currently requested pain management follow-up visit in 4 months is medically necessary.

**Temazepam 15mg #60 (CIV) BNDC: 67877014605: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG); Pain, Temazepam

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Benzodiazepines, Sleep Medication.

**Decision rationale:** Regarding the request for temazepam, Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Guidelines go on to recommend limiting their use to 4 weeks. Within the documentation available for review, it is clear the patient is being prescribed temazepam for sleep. There is no recent documentation of any insomnia complaints or sleep disturbances which are attributable to the work related injury. Prior to prescribing sedative hypnotic agents for sleep, guidelines recommend utilizing behavioral management techniques, or evaluating for psychological disturbances, which could be contributing to sleep complaints. There is no identification as to how often the patient has sleep complaints, whether they are issues with sleep onset or sleep latency, what type of workup has been performed to evaluate their etiology, and what sort of treatment has been attempted in terms of behavior modification, prior to initiating temazepam. In the absence of clarity regarding those issues, the currently requested temazepam is not medically necessary.