

Case Number:	CM13-0018361		
Date Assigned:	11/06/2013	Date of Injury:	04/23/2002
Decision Date:	03/12/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 71 year old female who sustained an injury on 04/23/2002. The mechanism of injury was not provided. Her diagnoses include lumbosacral spondylosis, myalgia and myositis, lumbosacral neuritis, postlaminectomy syndrome, and cervical spondylosis. On exam she has an antalgic gait and uses a cane. There is tenderness in the cervical region with decreased range of motion. Lumbar exam demonstrated tenderness of the lumbar paraspinal muscles bilaterally and facets in the upper, mid and lower back. She is treated with medical therapy including opiates and topical medications. The treating provider has requested Restoril 30mg #30, and Lyrica 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Medscape Internal Medicine- Treatment of Insomnia 2012.

Decision rationale: Temazepam (brand name Restoril) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. Temazepam is approved for the short-term treatment of insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Temazepam may be habit forming. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Lyrica 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 20.

Decision rationale: The recommended medication, Lyrica is medically necessary for the treatment of the patient's condition. Per the documentation she has neuropathic pain related to her chronic neck and back conditions. The medication is part of her medical regimen and per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of neuropathic pain. The patient has reported a reduction in her pain with the medical therapy which would be defined as a 50% reduction which would represent a "good" response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.