

<b>Case Number:</b>	CM13-0018791		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/15/2007
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California 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 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/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 records presented for review indicate that this 68 year-old individual was reportedly injured on April 15, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of low back pain with bilateral lower extremity involvement. It is also noted that the injured employee reports "that at this point in time he is not really having any pain." The physical examination demonstrated an alert and oriented individual in no acute distress. The surgical incisions clean, dry without signs of infection. There is no tenderness to palpation a lower lumbar spine; however there is a decrease in sensation in the bilateral L4, L5 & S1 dermatomes. A decrease in lumbar spine range of motion is reported and motor function is 5/5. Diagnostic imaging studies were not reported in this progress note. Previous treatment includes multiple medications, physical therapy, spinal cord stimulator and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on August 25, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

**Decision rationale:** As outlined in the MTUS, this medication is a hypnotic of the benzodiazepine class of psychoactive drugs. It has been approved for short-term treatment of insomnia. However, there is no clinical indication for chronic, indefinite long-term use. The risk of dependence and other side effect profile findings limit this medication to approximately 4 weeks. Therefore, when noting the date of injury, the injury sustained, the findings on the physical examination during the requested time frames, tempered by the parameters noted in the MTUS there is no medical necessity for this medication.

**Ondansetron Hydrochloride 4 mg #10:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

**Decision rationale:** This medication is not addressed in either the MTUS or the ACOEM guidelines. The parameters noted in the ODG were noted. This medication is approved for the treatment of nausea and vomiting secondary to chemotherapy, radiation therapy and postoperatively. There are no progress notes indicating complaints of nausea vomiting at the time noted in the request. As such, when noting that none the criterion are present in this clinical situation tempered by the findings on physical examination and the lack of any specific subjective complaints there simply is no clinical information presented to support the medical necessity of this request. Therefore, this request is not medically necessary.

**Percocet 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** This is a short acting opioid indicated for the management in controlling moderate to severe pain. However, the lowest possible dose that allows for a decrease in symptomology and increase in functionality is to be used. The progress during the timeframe noted in the request indicated that the injured employee stated that there was no change in the overall pain complaints. Therefore, with no change relative to the pain complaints, with no indication of increased functionality and when noting the parameters outlined in the MTUS there is simply no clinical data support the additional use of this medication. This is not medically necessary.

**Urine Drug Screen: 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 Opioids Page(s): 78.

**Decision rationale:** As outlined in the MTUS, drug screens are recommended as an option when treating with chronic opioid use. However, certain criterion is necessary before this pursuit. Is there any indication for illicit drugs, drug diversions, inappropriate drug use or any other parameters? Based on the progress notes presented at the time of this request, none these criterions are noted therefore there is no clinical indication to pursue urine drug screening. This is not medically necessary.

**Medical panel to evaluate hepatic and renal function: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014

**Decision rationale:** It is noted that this issue is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the ODG were used. When considering the numerous medications being employed, there is support for periodic laboratory data to assess the hepatic function. As such, based on the clinical situation noted at the time of the request there is a clinical indication to pursue laboratory investigations. It is my opinion that this is medically necessary.