

Case Number:	CM13-0057110		
Date Assigned:	06/09/2014	Date of Injury:	09/15/2002
Decision Date:	07/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 43 year old male who reported an injury on 09/15/2002 while lifting a case of beer he felt a jolt in his lower back. On 04/26/2013, the injured worker underwent an L4-S1 fusion surgery. It was also noted the injured worker was status post above the knee right leg amputation. On 03/11/2014, the injured worker complained of radiating lumbar spine to the lower extremities that was exacerbated with movements. The objective findings revealed a solid fusion of the lumbar spine. It was noted the injured worker had tenderness over the lumbar fusion hardware and had a negative findings of the neural tension. The physical examination of the lumbar spine revealed a negative straight leg raise, motor 5/5 at the L3-S1 and tenderness to palpitation note over the hardware bilaterally. The prior treatments included physical therapy. The injured worker's medications included Cyclobenzaprine 7.5 mg, Hydrocodone/APAP 10/325mg and Neurontin 600mg. Per the documentation on 06/17/2012 the injured worker had a drug abuse problem that resulted in the use of illicit use of street drugs. The diagnoses included status post right leg above knee amputation, lumbar discogenic disease, lumbar radiculopathy, large grade II anterolisthesis over L5-S1 embracing L4-L5 level, significant facet joint hypertrophy, lateral recess stenosis, nerve root effacement, chronic low back pain, status post lumbar fusion and compensatory and internal derangement all of the left knee. On 06/06/2014, the injured worker had a urine drug seen that was negative for Hydrocodone. The treatment plan included Temazepam 30 mg, Norco 10/325 mg, CT scan of the lumbar spine and possible surgery. The authorization form dated 04/18/2014 was submitted within the documentation. The rationale for the request Temazepam and Norco was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NORCO 10/325 MG #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #360 is not medically necessary. The California Guidelines MTUS recommends documentation of functional status with appropriate medication use. This should include a pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts. The four A's of the injured workers pain relief, activates of daily living, any adverse effects and aberrant drug taking that should be included in the documentation. Per the 06/10/2014 notes the average pain, the least reported pain from the prior visit or how long the pain lasts was not documented. Per the drug screen dated 06/10/2014 revealed that it was negative for hydrocodone. The injured worker had a history of aberrant drug use. Per documentation the injured worker had been taking Norco since 2012 and remained with an 8/10 on the VAS. The request did not indicate the frequency as such the request for Norco 10/325 mg #360 in not medically necessary.

1 TEMAZEPAM 30 MG: Upheld

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

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

Decision rationale: The request for Temazepam 30 mg is not medically necessary. The California MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use benzodiazepines to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The documentation provided was evident that the injured worker had been taking temazepam longer than the 4 week period. The documentation provided indicated that the injured worker has exceeded the 4 week period recommended by the California MTUS Guideline for hypnotic drugs. Per the chart notes from 11/19/2013 and 03/11/2014 both indicate that temazepam 30mg had been prescribed. The documentation submitted did not detail the efficacy of the temazepam. The request as submitted did not address the frequency. As such the request for 1 Temazepam 30mg is not medically necessary.