

Case Number:	CM14-0005829		
Date Assigned:	02/05/2014	Date of Injury:	05/09/2012
Decision Date:	07/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, 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 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 patient is a 51-year-old female who has submitted a claim for neck, upper back, mid back, low back, right knee, bilateral hand, and bilateral wrist pain, associated with an industrial injury date of May 9, 2012. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 12/05/2013, showed slight to moderate pain in the right knee, as well as slight to moderate pain and numbness in bilateral wrists/hands. There was also complaints of moderate pain in the mid/upper back, as well as moderate to severe pain in the neck and lower back. Physical examination revealed tenderness over the paraspinal muscles of the cervical, thoracic and lumbar spine. It was associated with restricted range of motion. Straight leg raise test was positive bilaterally. There was tenderness to bilateral wrists and positive for both Tinel's sign and Phalen's sign. Tenderness was noted on bilateral hands and right knee. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, TENS, and medications, which include both Tramadol and Temazepam since 2012. Utilization review from 12/19/2013 modified the request for the purchase of Temazepam to Temazepam 15mg #30 because the guidelines recommended a reduced amount to continue weaning. Tramadol request was modified to Tramadol 50mg #30 because guidelines did not recommend weaning of multiple medications at once; hence, continued use of Tramadol was supported while the patient was weaned from Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM: Upheld

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

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

Decision rationale: According to page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, Temazepam, a benzodiazepine, is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Also ODG, Pain Chapter, stated that these drugs act synergistically with other drugs such as opioids and mixed overdoses, which are often a cause of fatalities. The risks associated with hypnotics outweigh its benefits. In this case, a progress report dated 09/19/2013, cited that patient has been on Temazepam since 2012 for the treatment of insomnia secondary to pain. This exceeded the recommended duration of use. Furthermore, there are no progress reports stating the functional gains or evidence of weaning from this medication. Potential risks of long term usage outweigh the benefits. Moreover, the dosage, frequency of intake, and quantity of medication to be dispensed are not specified. Therefore, the purchase of Temazepam is not medically necessary.

TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to pages 79-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, a progress report dated 09/19/2013, cited that patient has been on Tramadol since 2012 but, recent progress reports documented persistent and constant magnitude of neck, upper/mid/low back and right knee pain. Meanwhile, bilateral hand/wrist showed minimal improvement of pain relief. Additionally, there was improvement of daily functional activities. However, there is no specified dosage, frequency of intake, and quantity of Tramadol to be dispensed. Therefore, the request for a pharmacy purchase of Tramadol is not medically necessary.