

Case Number:	CM14-0100231		
Date Assigned:	07/30/2014	Date of Injury:	11/21/2007
Decision Date:	09/11/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; anxiolytic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 7, 2014, the claims administrator retrospectively denied a request for Norco and Restoril. The applicant's attorney subsequently appealed. In a July 20, 2011 progress note, the applicant was described as having chronic neck and low back complaints. The applicant was using a knee brace, Klonopin, and Restoril, it was stated at that point in time. The applicant was permanent and stationary. It did not appear that the applicant was working as of that point in time. There was no mention of medication efficacy. In an August 2, 2013 progress note, the applicant reported persistent complaints of shoulder, low back, and knee pain. The applicant was given a cane. The applicant was described as permanent and stationary. The applicant had to continue unspecified medications. Again, there was no mention of medication efficacy. On December 21, 2012, the attending provider suggested that the applicant should continue on total temporary disability. On August 2, 2013, it was again stated that the applicant should continue on total temporary disability and pursue lumbar facet blocks. It was stated that the applicant might require cervical spine surgery. The applicant was again placed off of work and asked to continue unspecified medications, again with no mention of medication efficacy. The remainder of the file was surveyed. The claims administrator, in Utilization Review Report, apparently had access to progress notes as recently as April 14 and April 25, 2014. These were not, however, incorporated into the Independent Medical Review packet, which included progress notes only as recent as August 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #180 DOS 04/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is off of work. The applicant has apparently not worked in several years. The attending provider has refilled Norco and other medications on several office visits, referenced above, with no explicit mention of medication efficacy and no demonstration of improvement in pain or function. While it is acknowledged that more recent progress notes in 2014 were not incorporated into the Independent Medical Review packet, those progress notes which are on file suggest that the applicant does not meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Restoril 30 Mg #30 DOS 04/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Restoril (Temazepam).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Restoril may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional or physical resources, in this case, however, it appears that the attending provider is employing Restoril for chronic, long-term, and scheduled-use purposes, for anxiety and sleep. This is not indicated, per ACOEM. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the attending provider factor under consideration "other medications" that an applicant is taking when prescribing medications. In this case, it appears that the applicant is using two separate benzodiazepines, Klonopin and Restoril. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would support the same. Therefore, the request was not medically necessary.

