MAXIMUS Federal Services

Case Number:	CM14-0108780		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2007
Decision Date:	10/08/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 June 1, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; two prior cervical spine surgeries; and opioid therapy.In a Utilization Review Report dated July 2, 2014, the claims administrator denied a request for Norco and Temazepam while approving a request for topical menthol patches.The applicant's attorney subsequently appealed.In a July 16, 2014 progress note, the applicant reported persistent complaints of low back and neck pain with derivative issues of insomnia and depression. The applicant was widowed. The applicant was caring for her epileptic son, it was noted. The applicant was having difficulty performing activities of daily living. The applicant was not exercising, it was noted. The applicant was apparently using Norco and Soma for pain relief. The applicant also continued to smoke and was using Zestril for hypertension, it was further stated. Highly variable 4-10/10 pain was noted, reportedly worsened since the last visit. The applicant had a BMI of 27. The applicant was given prescriptions for Temazepam, Menthol, and Norco. The applicant was permanent and stationary. It does not appear that the applicant was working. It was stated that the applicant would use Temazepam at night.In an earlier note dated June 16, 2014, the applicant was again given refills of Norco, Temazepam, and Menthol. Authorization was sought for transportation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10/325mg, #150, prescribed 06/16/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opioids for Chronic Pain

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

Decision rationale: The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; two prior cervical spine surgeries; and opioid therapy.In a Utilization Review Report dated July 2, 2014, the claims administrator denied a request for Norco and Temazepam while approving a request for topical menthol patches.The applicant's attorney subsequently appealed.In a July 16, 2014 progress note, the applicant reported persistent complaints of low back and neck pain with derivative issues of insomnia and depression. The applicant was widowed. The applicant was caring for her epileptic son, it was noted. The applicant was having difficulty performing activities of daily living. The applicant was not exercising, it was noted. The applicant was apparently using Norco and Soma for pain relief. The applicant also continued to smoke and was using Zestril for hypertension, it was further stated. Highly variable 4-10/10 pain was noted, reportedly worsened since the last visit. The applicant had a BMI of 27. The applicant was given prescriptions for Temazepam, Menthol, and Norco. The applicant was permanent and stationary. It does not appear that the applicant was working. It was stated that the applicant would use Temazepam at night.In an earlier note dated June 16, 2014, the applicant was again given refills of Norco, Temazepam, and Menthol. Authorization was sought for transportation services.

Temazepam (15mg, #60 with 1 refill, prescribed 06/16/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 15, page 402, Anxiolytics section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Temazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or the applicant appear intent on using Temazepam or Restoril for chronic, long-term, and scheduled-use purposes, for insomnia. This is not an ACOEM-endorsed role for Temazepam, however. No rationale for selection and/or ongoing usage of Temazepam was proffered by the attending

provider in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.