

<b>Case Number:</b>	CM14-0010590		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery 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 48-year-old male who has submitted a claim for status post bilateral hemilaminotomy, neural foraminotomy and L5-S1 root decompression, bilateral L5-S1 complete discectomy with insertion of bilateral lateral fusion cages, rigid fixation with L5-S1 pedicle screw fixation, intertransverse process fusion, aspiration of the iliac crest, continuous neurodiagnostic monitoring with somatosensory evoked potentials and electromyography, stimulation of pedicle screws, crosslink and insertion of dual barrier, status post lumbar spine posterior fusion and removal hardware and reinstrumentation posteriorly with pseudoarthrosis at L5-S1, psychological factors affecting coping with chronic pain, and painful retained hardware status post posterior lumbar interbody fusion at L5-S1, associated with an industrial injury date of April 17, 2006. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the left leg. Physical examination revealed tenderness over the low back, at the bilateral paralumbar areas along the pedicle screw regions with a positive sciatic stretch. Lumbar spine range of motion were as follows: flexion to 10 degrees, extension to 10 degrees, and tilt to the right and left to 5 degrees. There was severe antalgic gait, and inability to perform heel to toe maneuver. Reflexes were intact. Sensation was slightly diminished at L5 and S1. Treatment to date has included bilateral hemilaminotomy, neural foraminotomy and L5-S1 root decompression, bilateral L5-S1 complete discectomy with insertion of bilateral lateral fusion cages, rigid fixation with L5-S1 pedicle screw fixation, intertransverse process fusion (6/9/10), lumbar spine posterior fusion and removal hardware and reinstrumentation posteriorly with pseudoarthrosis at L5-S1, physical therapy, hydrotherapy, and medications, which include Soma, Valium, Percocet, Temazepam, and Diazepam. Utilization review from January 6, 2014 denied the requests for Percocet 10/325mg #90 q6h with 2 refills and Temazepam 30mg #30 qhs prn because the medical file documents the claimant took three

tablets of Valium per night to get to sleep and took four Percocet per day and Diazepam for pain relief. Comorbid conditions such as diabetes, COPD, obesity, insomnia, and hypertension were not typically covered under workers' compensation therefore the medical file does not support the request for Temazepam for sleep or the ongoing use of Percocet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #90 1 po q6h with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78-81.

**Decision rationale:** According to pages 78-81 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, records indicate that the patient has been on Percocet since 6/27/11 although the exact date of initiation is not known. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. A progress report dated 1/28/14 stated that Percocet did not provide much relief of pain. Urine drug screens included in the records have revealed inconsistencies with prescribed medications, which may indicate abuse, misuse or non-compliance. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for PERCOCET 10/325 #90 1 PO Q6H WITH 2 REFILLS is not medically necessary.

**Temazepam 30 mg, #30 ghs pm:** Upheld

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

**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 the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit its use to 4 weeks. ODG Pain Chapter states 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, patient was

started on Temazepam on 11/26/13 however he has been on Diazepam since September 2011. Patient has exceeded the recommended duration of benzodiazepine use as recommended by guidelines. In addition, there are no progress reports stating the functional gains derived from this medication. Potential risks outweigh the benefits, hence there should be clear documentation regarding functional improvements with its use. Furthermore, rationale for prescribing this medication was not clearly stated. Therefore, the request for TEMAZEPAM 30 MG, #30 GHS PM is not medically necessary.