

<b>Case Number:</b>	CM14-0010680		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/15/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<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 Internal 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 injured worker is a 57 year old female who sustained an injury on September 15, 2007 while attempting to assist a client. The injured worker fell landing on her shoulder, ankle and knee. The injured worker developed significant low back pain as well as left knee pain. Prior treatment has included a right shoulder arthroscopy to address a full thickness rotator cuff tear performed in January of 2009. The injured worker had also had a prior left knee medial meniscectomy performed in August of 2009. Synvisc injections for the left knee had been performed; however, the injured worker has had persistent pain in the left knee. The injured worker also reported persistent pain in the shoulder. Medications have included Norco for pain as well as Ambien for sleep, Xanax and Lyrica for neuropathic pain. Recent urinary drug screen reports from January 14, 2014 were positive for Norco which was an anticipated finding. The injured worker has also been followed for psychological symptoms to include depression. This has contributed to delay of recovery from her chronic musculoskeletal conditions. The most recent assessment was from January 7, 2014 in which the injured worker continued to report persistent pain in the right shoulder as well as the low back. It does appear that the injured worker was pending further surgery. The injured worker described no substantial pain control with medications and had difficulty sleeping. On physical examination, the injured worker presented with a depressed and tired affect. Moderate spasms were noted in the right shoulder. Norco was stopped at this evaluation and Dilaudid was started 2-4mg daily for pain control. Ambien was discontinued and Restoril was started 15mg nightly as well as Trazadone on an alternating schedule to address sleep. The requested Hydromorphone 2mg, quantity 40, and Temazepam 15mg, quantity 15 were denied by utilization review on an unspecified date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROMORPHONE 2MG #40:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO DISCONTINUE OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The documentation provided does note compliance with the use of Norco; however, the injured worker had substantially increased the amount of Norco being taken on a daily basis at 4-6 per day with limited benefit. Given the lack of benefit from the use of Norco, a trial of Hydromorphone for pain control at a lower amount of tablets per day would be indicated per guidelines. The request is medically necessary.

**TEMAZEPAM 15MG #15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The use of Temazepam for sleep is an option for patients with persistent insomnia that has not improved with other treatment attempts. In this case, the injured worker was utilizing Ambien with no significant improvement. The trial of Restoril used on an alternating basis in combination with Trazadone would have been reasonable and standard of care to address the injured worker's sleep issues. The request is medically necessary.