

Case Number:	CM14-0015879		
Date Assigned:	03/05/2014	Date of Injury:	01/19/2013
Decision Date:	04/23/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Arizona. 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 63 year old woman with a past medical history of hypertension who sustained a work-related injury on 1/19/13. She felt, hit her head and neck, and lost consciousness. She has had resulting chronic neck, low back and left arm pain. She has been managed by multiple physicians, and has been treated with oral analgesic medications, including gabapentin and norco, and physical therapy. The patient has had EMG/NCS of the left upper extremity on 11/7/13 that was normal. On 12/23/13, the primary orthopedic physician evaluated the patient, noting that she continues to have 7/10 pain in the neck, left arm, and low back that is daily and continuous. The pain in the shoulder is radiating into the arm and described as burning. She notes difficulty sleeping due to the pain. Physical exam of the cervical spine revealed decreased range of motion with hypersensitivity in the C6 dermatome. Shoulder strength and upper extremity reflexes are noted as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE HYDROCODONE 10/325MG #90 FOR DOS 12/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The injured worker has chronic neck, back, and left arm pain daily and continuously. In multiple progress notes, it is described at an intensity of 7/10 on a pain scale without any improvement being documented with the use of both gabapentin and norco for pain. Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opiod agonist used for intermittent or breakthrough pain. According to the MTUS, short-acting opioids should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain; the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. In this case, there is no documentation that supports that the injured worker has had any functional improvement or improved pain control with the use of norco. Furthermore, the patient complains of continuous and daily pain. The use of a short acting opiod is not intended for continuous pain, but for intermittent or breakthrough pain. The use of norco for this patient is not medically necessary.

RETROSPECTIVE TEMAZEPAM 30MG #30 FOR DOS 12/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Uptodate.com: treatment of insomnia.

Decision rationale: The MTUS states that the use of benzodiazepines is not recommended for long-term treatment because long-term efficacy is unproven and there is a risk of dependence. The tolerance to hypnotic effects develops rapidly. According to Uptodate.com, when treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention, cognitive behavioral therapy (CBT) is the initial therapy that is recommended. In this case the patient cannot sleep due to pain. The primary medical condition must be more effectively treated and if the patient still has insomnia, a trial of CBT is the first-line treatment. The use of temazepam is not medically necessary.