

Case Number:	CM14-0111123		
Date Assigned:	09/16/2014	Date of Injury:	01/23/2009
Decision Date:	10/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation 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 60-year-old female with a reported date of injury on 01/23/2009. The injury reportedly occurred when the injured worker slipped and fell on the floor responding to a call. Her diagnoses were noted to include knee osteoarthritis, bilateral knee pain, knee replacement, chronic pain syndrome, sacroiliac inflammation, sacroiliac pain, and sacroilitis. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 06/23/2014 revealed complaints of bilateral knee pain, low back pain, and depression. The injured worker requested a psychiatric referral and recognized that her chronic pain and limitations in what she could do caused her to feel depressed. The injured worker reported her sleep was horrible and she had taken Temazepam. The injured worker indicated she had a difficult time with mobility and had land based physical therapy after surgery, but the infection set her back and lost core strength and conditioning. The physical examination revealed an antalgic gait and myofascial tenderness to the lumbosacral area. The psychiatric evaluation revealed the injured worker was cooperative, depressed, and tearful. The request for authorization form dated 06/30/2014 is for Temazepam 15 mg 1 at bedtime #60 with 3 refills for insomnia associated with chronic pain, Norco 10/325 mg 1 every 4 hours #180 with 1 refill for low back pain and Kadian 10 mg 1 at bedtime #60 for chronic pain to help sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam (unspecified amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The request for Temazepam (unspecified amount) is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There is a lack of documentation regarding improved functional status and efficacy of this medication. Therefore, their continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency and dosage at which this medication is to be utilized. Therefore, this request is not medically necessary.

Norco (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for Use of Opioids; Weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): page 78..

Decision rationale: The request for Norco (unspecified quantity) is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding side effects and the provider indicated the urine drug screen performed 11/2013 was consistent with therapy. Therefore, due to the lack of evidence of decreased pain, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency and dosage at which this medication is to be utilized. Therefore, the request is not medically necessary.

Kadian (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for Use of Opioids; Weaning.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Kadian (morphine sulfate).

Decision rationale: The request for Kadian (unspecified quantity) is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The Official Disability Guidelines recommend Kadian for a trial after failure of nonopioid analgesics, short acting opioid analgesics, and after a trial of generic extended release morphine (equivalent to MS-Contin). Kadian is not recommended as a first line opioid. According to the FDA approved prescribing information, there has been no evaluation of Kadian as an initial opioid analgesic in the management of pain. As it may be more difficult to titrate a patient to adequate analgesia, it is advisable to begin treatment using an immediate released morphine formulation. Kadian is not for use as an as needed analgesic. It is not for use for pain that is mild or not expected to persist for an extended period of time. It is not used for acute pain and not for use for postoperative pain unless the patient is already receiving chronic opioid therapy. There is a lack of documentation regarding efficacy and approved functional status with utilization of this medication. Additionally, the request failed to provide the frequency and dosage at which this medication is to be utilized. Therefore, the request is not medically necessary.