

Case Number:	CM14-0116572		
Date Assigned:	08/04/2014	Date of Injury:	08/02/2007
Decision Date:	10/02/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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 Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 08/02/2007. The mechanism of injury was not provided. On 07/24/2014 the injured worker presented with low back pain radiating to the buttocks. Current medications included Relafen, Vicodin, and Pristiq. Upon examination of the lumbar spine, there was restricted range of motion due to pain in all directions. Provocative maneuvers including pelvic rock and sustained hip flexion were positive bilaterally. There was intact sensation and a negative Waddell's sign bilaterally. The diagnoses were bilateral lumbar radiculopathy, failed back surgery syndrome, L4-S1 fusion, lumbar postlaminectomy syndrome, and neuropathic pain. The provider recommended Vicodin and Temazepam. The provider recommended Vicodin and says that it provides a 50% decrease of the injured worker's pain and a 50% improvement in the injured worker's activities of daily living and self-care. The provider recommended Temazepam and states that it provides the injured worker 4 additional hours of sleep per night for a total of at least 6 hours of uninterrupted sleep. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Vicodin 5/300mg Quantity 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids in ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and side effects. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Temazepam 7.5mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: The request for Temazepam 7.5mg Quantity 60 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been previously prescribed Temazepam. The provider's request for Temazepam 7.5 mg with a quantity of 60 exceeds the guideline recommendations for short term therapy. There was lack of efficacy of the medication documented to support continued use and the frequency was not provided in the request as submitted. As such, medical necessity has not been established.