

Case Number:	CM14-0127550		
Date Assigned:	08/15/2014	Date of Injury:	05/07/2002
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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 patient is a 58 year old female current every day smoker with a date of injury on 5/17/2002. She is followed for diagnoses of lumbar disc with radiculitis, lumbar disc degeneration, myofascial pain, and HTN (hypertension). The patient is not working and is applying for SSD (Social Security Disability). She was seen on 7/2/14 for lumbar spine and left lower extremity pain. She reports Cymbalta has been useful. She wants to go back to Soma for better sleep. She reports pain medications and Cymbalta provide 50 % relief. Examination revealed severe decreased range of motion, 4/5 motor strength in the left lower extremity, positive SLR (straight leg raise) on the left and pain with facet loading on the left. For lumbar disc with radiculitis, plan is to refill Norco, Cymbalta and Temazepam. UR (utilization review) dated 7/2/14 recommended to non-certify the request for Norco and Temazepam. It was noted that the guidelines do not support long term use of Temazepam. Regarding Norco, the CA MTUS guidelines were referenced and the request for Norco was non-certified. On the IMR form signed on 7/31/14, the patient has written that Norco is needed to control the pain and improve quality of life. The patient notes that she is no longer taking Temazepam and has asked the doctor to stop prescribing Temazepam. She writes that she is uses Cymbalta, Norco and Lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity 90: Upheld

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

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

Decision rationale: The request for Norco is not supported. The patient has a date of injury in 2002, and the guidelines state that opioids are not recommended for non-malignant chronic pain. In addition, the patient has lumbar radiculopathy and opioids are not supported for radiculopathy. Moreover, there is no specific evidence of improvement in function with the ongoing use of Norco. It is noted that the patient remains out of work. Further, the guidelines do not support long term use of opioids due to the development of tolerance and habituation. It is noted that the patient is a smoker which would indicate a predilection to addiction. For these reasons, the ongoing use of Norco is not supported.

Temazepam 15mg, quantity 30: Upheld

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

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

Decision rationale: The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The patient has indicated that she is no longer taking this medication. The request for Temazepam is not medically necessary.