

Case Number:	CM14-0154872		
Date Assigned:	09/24/2014	Date of Injury:	11/01/1999
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Interventional Spine 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 54 years old female with an injury date on 11/01/1999. Based on the 07/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. DDD cervical spine with radiculopathy 2. DDD lumbar spine with radiculopathy 3. Cervical stenosis 4. Lumbar stenosis 5. Multilevel disc herniation of cervical and lumbar spine According to this report, the patient complains of stabbing and aching low back pain, rated at a 7/10. The patient also complains of stabbing neck pain, rated at a 6/10. Numbness is noted at the bilateral lower and upper extremities extending to the toes and fingertips. Physical exam reveals tenderness to palpation over the cervical and lumbar paraspinal muscle, bilaterally. There is diminished sensation at the bilateral C5, right C6, bilateral L4, L5, and left S1 dermatomes. Motor exam reveals bilateral deltoid, biceps, and right wrist extensor weakness at +4/5. Deep tendon reflexes the bilateral patellar and left Achilles is diminished. Straight leg raise test and slump test are positive. The patient is permanent and stationary per AME. The 05/15/2014 report indicates Norco helps lessen her pain by 40% and assists her in performing daily chores around the house. Tramadol helps lessen her pain when walking. Tamazepam helps relaxes her muscles and assists her in falling asleep. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/15/2014 to 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / ASPAP 10/325 #90: Upheld

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 Medications for chronic pain ; Pain Assessment ; CRITERIA FOR USE OF OPIOIDS ; Opioids for chron.

Decision rationale: According to the 07/11/2014 report by [REDACTED] this patient presents with stabbing and aching low back pain and neck pain. The treater is requesting Hydrocodone / ASPAP 10/325 #90. For chronic opiate use, California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California (MTUS) page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Hydrocodone / ASPAP were first mentioned in the 05/15/14 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some activities of daily living (ADL's) are discussed. However, no outcome measures are provided; no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in California (MTUS) Guidelines. Treatment is not medically necessary and appropriate.

Tramadol ER 150mg #30: Upheld

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 Medications for chronic pain ; Pain Assessment ; CRITERIA FOR USE OF OPIOIDS ; Opioids for chron.

Decision rationale: According to the 07/11/2014 report by [REDACTED] this patient presents with stabbing and aching low back pain and neck pain. The treater is requesting Tramadol ER 150mg #30. For chronic opiate use, California MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4 As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Tramadol ER was first mentioned in the 05/15/14 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows

documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in California MTUS Guidelines. This treatment is not medically necessary and appropriate.

Temazepam 15mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684003.html>

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

Decision rationale: According to the 07/11/2014 report by [REDACTED] this patient presents with stabbing and aching low back pain and neck pain. The treater is requesting Temazepam 15mg #60. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Temazepam since 05/15/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. MTUS does not support long-term use of this medication. This treatment is not medically necessary and appropriate.