

Case Number:	CM14-0159793		
Date Assigned:	10/03/2014	Date of Injury:	03/20/1996
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

According to the provided documents, this is 70 year old man who was injured on 3/20/96. He slipped and fell on ice. He hurt his low back. He has chronic low back pain radiating down the bilateral lower extremities. There is documentation multiple MRIs of the knees in the back. There is also complaint of bilateral knee pain. The disputed treatments are Norco 10-325 mg #60, refill 2, soma 350 mg #90 refill 2, omeprazole DR 20 mg #30 refill 2 and temazepam 15 mg #30 addressed in a utilization review letter of 9/12/14. There is a pain management report of 3/28/14 indicates activities of daily limit with the limitations are sleep. There is an Insomnia Severity Index administered 3/28/14 with a score of 10 said to indicate that the patient has sub-threshold insomnia. This was reportedly worsened over the past month. Pain was 5/10 with medication, 7/10 without medications. Urine drug test was said to show no inconsistency compared with prescribed medications. Follow-up was planned for 3 months. Medications refilled Norco 10/325#60 refills 2, soma 350 mg one 3 times a day #90 refill 2, omeprazole 20 mg #30 refill 2, temazepam 30 mg taken as needed at night for insomnia #30 refill 2. Laboratory report for urine drug test collection of 3/28/14 was positive for temazepam. 3/6/14 pain management report renewed the same medications. The current requesting report of 8/29/14, Pain Management documents insomnia associated with ongoing pain, improving with medications. There is mention that education about sleep hygiene was provided to the patient that day. Diagnoses were lumbar disc degeneration and displacement, lumbar radiculopathy, medication related dyspepsia, chronic pain, status post knee replacement, hypertension, insomnia, obesity. There is discussion that prior urine drug test 6/11/14 did not show any opiates in the urine (note is made that it did show the temazepam and the metabolite for carisoprodol but not carisoprodol itself). There is no mention of how many hours the patient sleeps on an average night. It does state that there is reported moderate difficulty in sleep. There is no mention of

daytime sleepiness, level of alertness, troubles with concentration and memory. There is no documentation that the patient uses the temazepam every night or how many refills the patient gets in between follow-up visits. Reports do document the actual average daily use of the hydrocodone or the carisoprodol either. There is mention that the quality of the hydrocodone will be decreased since the patient's not using as much of it. In this report, subjective complaints of pain are continued lower back pain with referred pain down the left lower extremity with numbness, aggravation by walking. There is complaint of muscle spasm, bilateral knee pain aggravated by activity. Pain was still 5/10 with medications but was 10/10 without medications. Reportedly was worsened since his last visit. There is reported frequent medication associated gastrointestinal upset. This report noted activities of daily living limitations in both ambulation and sleep. Objectively gait was antalgic and slow, there is tenderness in the low back pain with range of motion tenderness to palpation of the bilateral knees. These are noted to be very similar subjective complaints and objective findings as were documented in the 3/6/14 pain management report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60. Take 1 tab twice a day, Refill 2, Body Part: Lumbar Spine (Pain):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. Hydrocodone is a short acting opioid analgesic. Use of this medication has been ongoing and chronic. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. The actual daily frequency of use of the medication is not noted in the reports. There is also no mention of discussion with the patient regarding how many he already may have on hand and whether or not he use of all of the refills in between the follow-ups. Patient is being urine drug tested at each visit despite lack of documentation of aberrant pain behaviors. A negative for the Norco as was present here does not mean the patient's noncompliant with medication use since medication such as the pain medication Norco should only be used as needed. However, the quantity to be filled each month was appropriately reduced to #60. This is only twice a day use and only accounts for 20 morphine equivalents per day which is well less than the maximum of 120 recommend by MTUS guidelines. Although there is description of some limitations in the patient's activities of daily living, the reports do document that he is active and is getting at least 30% relief of pain with the Norco. Given that the patient's 70 it is unlikely that he is interested in returning to employment. There is no mention that this patient's required other forms of treatment other than the medications to maintain his activity levels. Therefore, given this clinical presentation based upon the evidence and the guidelines, continued use of the Norco is medically necessary.

Soma 350mg #90, Take 1 tab three times a day, Refill 2. Body Part: Lumbar Spine (Muscle relaxant): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle relaxants Page(s): 29,63-65.

Decision rationale: This medication is a sedating muscle relaxant also known as Soma. MTUS guidelines do not recommend use of this muscle relaxant, particularly for long-term use. The MTUS notes it is used for sedative and relaxant effects and that when used in combination with hydrocodone it can have an effect that is similar to heroin. Guidelines warn about withdrawal syndrome with abrupt discontinuation of large doses. Use has been chronic well over 90 days per the submitted records. Continued use is not supported by guidelines. Therefore, based upon the evidence and the guidelines, this is not medically necessary. Note is made that this does not imply that this medication should be abruptly withdrawn but a tapering and weaning plan should be instituted. Continued chronic use of Soma is not medically necessary.

Omeprazole DR 20mg, #30, Take 1 tablet 1 time daily, Refill 2. Body Part: Lumbar Spine (G/I Adverse Effects): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://reference.medscape.com/drug/prilosec-omeprazole-341997>

Decision rationale: Omeprazole, also known as Prilosec is a proton pump inhibitor, supported by MTUS guidelines for concurrent use with nonsteroidal anti-inflammatory medications for patients who are at high risk for gastrointestinal side effects from his medications. There is no indication this patient is taking any NSAIDs. Therefore, there is no necessity for concurrent use of omeprazole to protect from gastrointestinal side effects. MTUS guidelines do not address other uses for omeprazole but per the above-cited reference other indications for omeprazole are for treatment of diagnoses of upper gastrointestinal symptoms documented consistent with duodenal ulcer, treatment of H. pylori infection, gastric ulcer, GERD, erosive esophagitis, hypersecretory condition (e.g. Zollinger-Ellison syndrome). None of these are documented nor are there symptoms suggestive of these illnesses documented. Therefore, based upon the evidence and the guidelines, use of Omeprazole DR is not supported or medically necessary.

Temazepam 15mg, #30, Take 1 at night as needed for insomnia, Refill 2. Body Part: Lumbar Spine (Insomnia): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,29,68,78-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (chronic), Insomnia Treatment

Decision rationale: MTUS guidelines do not specifically address use of sleeping aids however, ODG guidelines do. MTUS guidelines do address chronic use of benzodiazepines which is what temazepam is. It is also known as Restoril, labeled for use as a treatment for insomnia. Regarding benzodiazepines, MTUS guidelines state that they are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Guidelines do note that these can be used for sedative/hypnotic purposes. Guidelines note that tolerance occurs within weeks to months. ODG says temazepam is an FDA approved benzodiazepine for sleep maintenance. They are recommended only for short-term use due to risk of tolerance, dependence and adverse events including daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function and rebound insomnia. From the documentation it appears that the patient likely uses this chronically if not every night then close to every night. Use has been chronic for greater than 3 months according to the submitted documents. Therefore, based upon the evidence and the guidelines, continued chronic use of Temazepam is not supported as being medically necessary.