

Case Number:	CM14-0170384		
Date Assigned:	10/20/2014	Date of Injury:	01/27/2012
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This 63 year-old patient sustained an injury on 1/27/12 while employed by [REDACTED]. Request(s) under consideration include Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5. Diagnoses include Acquired Spondylolisthesis; lumbosacral spondylosis without myelopathy; and lumbar intervertebral disc degeneration. Conservative care has included medications, therapy, LESI (4/12/13), and modified activities/rest. Report of 4/24/13 from the provider post LESI noted patient had "no substantial change in his low back pain" after LESI at L5-S1. Report of 8/27/14 from the provider noted the patient with ongoing chronic middle/ low back, bilateral arms, and thigh pain rated at 4/10 with medications providing 30% relief; with sleep difficulty. Exam showed tenderness to palpation of right lumbar spine region. The request(s) for Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5 were not medically necessary on 10/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60: Upheld

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

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

Decision rationale: This 63 year-old patient sustained an injury on 1/27/12 while employed by [REDACTED]. Request(s) under consideration include Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5. Diagnoses include Acquired Spondylolisthesis; lumbosacral spondylosis without myelopathy; and lumbar intervertebral disc degeneration. Conservative care has included medications, therapy, LESI (4/12/13), and modified activities/rest. Report of 4/24/13 from the provider post LESI noted patient had "no substantial change in his low back pain" after LESI at L5-S1. Report of 8/27/14 from the provider noted the patient with ongoing chronic middle/ low back, bilateral arms, and thigh pain rated at 4/10 with medications providing 30% relief; with sleep difficulty. Exam showed tenderness to palpation of right lumbar spine region. The request(s) for Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5 were non-certified on 10/2/14. Temazepam (Restoril) is a Benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Temazepam 15mg #60 is not medically necessary and appropriate.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 63 year-old patient sustained an injury on 1/27/12 while employed by [REDACTED]. Request(s) under consideration include Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5. Diagnoses include Acquired Spondylolisthesis; lumbosacral spondylosis without myelopathy; and lumbar intervertebral disc degeneration. Conservative care has included medications, therapy, LESI (4/12/13), and modified activities/rest. Report of 4/24/13 from the provider post LESI noted patient had "no substantial change in his low back pain" after LESI at L5-S1. Report of 8/27/14 from the provider noted the patient with ongoing chronic middle/ low back, bilateral arms, and thigh pain rated at 4/10 with medications providing 30% relief; with sleep difficulty. Exam showed tenderness to palpation of right lumbar spine region. The request(s) for Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5 were non-certified on 10/2/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole

(Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20mg #30 is not medically necessary and appropriate.

Right Medial Branch Blocks L3, L4, and L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lumbar Blocks, page 722

Decision rationale: This 63 year-old patient sustained an injury on 1/27/12 while employed by [REDACTED]. Request(s) under consideration include Temazepam 15mg #60, Omeprazole 20mg #30, and Right Medial Branch Blocks L3, L4, and L5. Diagnoses include Acquired Spondylolisthesis; lumbosacral spondylosis without myelopathy; and lumbar intervertebral disc degeneration. Conservative care has included medications, therapy, LESI (4/12/13), and modified activities/rest. Report of 4/24/13 from the provider post LESI noted patient had "no substantial change in his low back pain" after LESI at L5-S1. Report of 8/27/14 from the provider noted the patient with ongoing chronic middle/ low back, bilateral arms, and thigh pain rated at 4/10 with medications providing 30% relief; with sleep difficulty. Exam showed tenderness to palpation of right lumbar spine region. The request(s) for Temazepam 15mg #60, Omeprazole 20mg #30, and Right medial branch blocks L3, L4, and L5 were non-certified on 10/2/14. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinal tenderness symptoms without documented failed conservative trial. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over two joint levels concurrently. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar facet injections at L3-4 for the lumbar spine, lumbar spine is not medically necessary and appropriate.