

<b>Case Number:</b>	CM14-0173990		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; anxiolytic medications; unspecified amounts of physical therapy over the course of the claim; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated October 1, 2014, the claims administrator apparently partially or conditionally approved a request for OxyContin, Norco, and Temazepam. The claims administrator suggested that the applicant was not benefitting from the medications in question and that the partial approval represented weaning supplies. The applicant's attorney subsequently appealed. In a progress note dated March 24, 2011, the applicant reported ongoing complaints of low back pain, status post earlier lumbar fusion surgery. The applicant was using Opana, Zanaflex, Neurontin, and Restoril, it was acknowledged. The applicant was to continue the aforementioned medications, with the exception of Zanaflex, which the applicant was asked to change to Baclofen. The applicant's work status was not furnished on this occasion. In a June 26, 2014 Doctor's First Report (DFR), the applicant apparently transferred care to a new primary treating provider. The applicant had not worked since the date of injury, March 1, 2004, it was acknowledged. 6/10 with medication versus 10/10 pain without medication was noted. The applicant stated that he was able to perform activities of daily living such as bathing and dressing while taking his pain medications. The applicant had mild stress and depression, he stated. On August 12, 2014, the applicant was again given refills of OxyContin, Temazepam, and Norco. On September 11, 2014, urine drug screen was endorsed. The applicant was apparently unable to lose weight owing to heightened pain complaints. OxyContin, Norco, and Restoril were again renewed. It was suggested (but not

clearly stated) that the applicant was using Temazepam for nightly use purposes, for sedative effect. The applicant was using a cane to move about.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin ER 40 mg, 1 tab every 12 hours, three times daily, # 90 for 30 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant has apparently not worked since the date of injury, March 1, 2004. While the attending provider has reported some comments that the applicant's pain scores had been reduced with medications from 10/10 to 6/10 on one occasion, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. The applicant commentary to the effect that he is able to bathe himself and dress himself with medications does not, in and of itself, constitute substantive improvement with OxyContin usages. Therefore, the request is not medically necessary.

**Norco 10/325mg 1 tablet as needed for pain every six hours # 120 for 30 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant has apparently not worked since the date of injury, it has been acknowledged. While the attending provider has reported some reduction in pain scores with opioid therapy on one occasion, referenced above, these are, however, seemingly outweighed by the applicant's failure to return to work and the attending provider's failure to recount any meaningful improvements in function achieved as a result of ongoing opioid therapy. The applicant's comments to the effect that he is able to bathe and dress himself with medications, do not in and of themselves, constitute substantive improvement with opioid therapy. Therefore, the request is not medically necessary.

**Temazepam 30 mg 1 capsule at bedtime once a day as needed # 30 for 30 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Temazepam may be employed for "brief periods, in cases of overwhelming symptoms," in this case, however, it appears that the attending provider and/or applicant are intent on employing Temazepam for chronic, long-term, and nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for Temazepam, a benzodiazepine anxiolytic. Therefore, the request is not medically necessary.