

Case Number:	CM14-0028421		
Date Assigned:	04/07/2014	Date of Injury:	10/10/2000
Decision Date:	08/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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:

The injured worker is a 58-year-old male who reported an injury on 10/10/2000. The mechanism of injury was changing a hose and slipped in oil on the floor and landed on his lower back and buttocks. The injured worker is postoperative surgery on lower back in 2001 and in 2004. The injured worker complained of back pain, low back pain, and lumbar complaints. He rated his pain at a 7/10 to 8/10. Back pain was described as aching, burning, cramping, stabbing, throbbing, and with numbness. He also stated that he is experiencing back stiffness and radicular pain in the right and left leg. The back pain is located in the lumbar area and the mid back. Physical examination dated 02/03/2014 revealed pain to palpation of the lumbosacral spine over L3-4, L4-5, and L5-S1. It was noted that there was pain with rotation and extension indicative of facet capsular tears and secondary myofascial pain with triggering and ropey fibrotic banding. Straight leg raise testing was positive to the left side at 45 degrees, positive with pain radiating to the left buttocks, posterior thigh, medial leg, lateral leg, posterior calf, heel, and foot; positive right side at 45 degrees and positive with pain radiating to the right buttocks, posterior thigh, medial leg, lateral leg, and posterior calf and heel. Neurological exam revealed S1 dermatome, L5 dermatome, and L4 dermatome demonstrated decreased light touch sensation bilaterally. Bilateral patella reflex and bilateral Achilles reflex was 1/4. Muscle strength revealed right hip abductors, right hip adductors, right hip external rotators, right hip internal rotators, right hip flexors, and right quadriceps were muscle strength of 4+/5. Diagnostics on the injured worker include a CT myelogram of the lumbar spine, x-rays, MRI, and EMG/NCV. The injured worker has diagnoses of failed spinal surgery syndrome 2002 and 2003 with ongoing axial spinal pain with severe neuropathic pain and neurogenic claudication and status post disco gram (2 level positive) with revision surgery, post-surgery for myelopathy. Past treatments that are submitted in documentation are epidural steroid injection and medication therapy. Medications include

baclofen 10 mg 1 tablet by mouth every 8 hours, diazepam 10 mg 1 tablet at nighttime, fentanyl troche 1500 mcg, Fortesta 2% gel, MiraLax, Motrin 800 mg 1 tablet by mouth 3 times a day, MS Contin 100 mg capsules 2 by mouth every 12 hours, and Temazepam 30 mg capsules 2 by mouth at bedtime. The current treatment plan is for MS Contin 100 mg and Temazepam 30 mg. The rationale was not submitted for review. The request for authorization form was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN #240, 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Morphine sulfate, MS Contin) Page(s): 78 and 93..

Decision rationale: The request for MS Contin #240, 100 mg is not medically necessary. The injured worker complained of back pain, low back pain and lumbar complaints. The injured worker rated his pain at a 7-8/10 with throbbing and numbness. The injured worker also reported to be experiencing back stiffness and radicular pain in right and left leg. The California MTUS Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There was no documentation rating the injured worker's pain before and after the MS Contin. There was also no mention of side effects or how long the medication worked. There was no mention as to how long the injured worker had been on the MS Contin. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Furthermore, the guidelines do not recommend MS Contin for the use as an as needed analgesic. There are virtually no studies of opioids for treatment of chronic low back pain with a result in neuropathy. Given that the request did not specify a duration or frequency, and the request is not within MTUS Guidelines, the request for MS Contin #240, 100 mg is not medically necessary.

TEMAZEPAM #180, 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines chapter.

Decision rationale: The request for Temazepam #180, 30 mg is not medically necessary. The injured worker complained of back pain, low back pain and lumbar complaints. The injured worker rated his pain at a 7-8/10 with throbbing and numbness. The injured worker also reported to be experiencing back stiffness and radicular pain in right and left leg. The California MTUS guidelines do not recommend Benzodiazepines (Temazepam) for long-term use, efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In the submitted report it is unclear as to how long the injured worker has been taking Temazepam. It is not recommended for long-term use due to the fact that efficacy is unproven and there is risk of dependence. It is also recommended that antidepressants be tried prior. There was no indication in the submitted reports that any antidepressants or anti-anxiety medications have been tried and failed before. The submitted report also indicated that a prescription of diazepam has also been taken by the injured worker, putting the injured worker at high risk for overdose. Given the above, the request for Temazepam #180, 30 mg is not medically necessary.