

Case Number:	CM14-0030583		
Date Assigned:	06/20/2014	Date of Injury:	04/02/2001
Decision Date:	09/05/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 66 year old male who had a work related injury on 04/02/01. The injured worker was diagnosed with failed back syndrome, epidural fibrosis, neuropathic pain. Progress note dated 02/14/14 the individual injured worker maintained pain level using oral narcotic pain medication. He failed conservative treatment including epidural steroid injections and lumbar facet injections and an intrathecal trial and spinal cord stimulator trial. He noted that oral pain medication was the only thing he was able to take to manage his chronic pain. Magnetic resonance image of the lumbar spine dated 04/30/13 revealed extensive post-operative changes of the mid to lower lumbar spine, degenerative changes to lumbar spine most prominent L3-4 L4-5 and mild clumping of nerve roots of the cauda equina may have signified mild arachnoiditis. In review of the clinical documentation submitted, there were no physical examinations; there were no visual analog scale scores with and without medication, and no clinical documentation of functional improvement. Prior utilization on 02/19/14 the Temazepam was non-certified; Oxycodone was modified to initiate tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines.

Decision rationale: The current evidence based guidelines do not support the request. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Therefore, the request for Temazepam 30mg #30 is not medically necessary and appropriate.

Oxycodone 15mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As such, medical necessity has not been established. Therefore, the request for Oxycodone 15mg #270 is not medically necessary and appropriate.