

Case Number:	CM14-0030720		
Date Assigned:	07/16/2014	Date of Injury:	10/10/2000
Decision Date:	08/14/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Environmental Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in West Virginia. 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 individual is a 56 year old male with a 10-10-2000 date of injury. He complains of constant low back pain that radiates to the lower extremities. The individual has had 2 back surgeries and injections for pain. His pertinent diagnoses include: lumbar disc herniation; facet syndrome, lumbago; and failed spinal surgery syndrome. Per his physician's notes, the individual also has bipolar disorder which can lead to overuse of addictive medications if not properly followed by psychiatry. Regular notes from a treating psychiatrist could not be located and only very limited recent progress notes on the individuals current medical issues were available. He has been prescribed Fentanyl Troche 1500mcg and Ms Contin 100mg for pain control along with Temazepam 30mg for sleep and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Troche 1500 mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80, 81, 85. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Actiq Package insert prescribing indications and usage.

Decision rationale: The MTUS Chronic Pain Guidelines notes that lumbar radicular pain does not respond to opioids in normal doses and opioids are always a second line therapy with the recommendation for the use of antidepressants or anticonvulsants for lumbar pain with subsequent radiculopathy. Further, approved indications for the use of Fentanyl troches include only breakthrough pain secondary to cancer treatment. After review of the individual's records, he has no history of cancer or of pain of a nature that long term opioids would be appropriate therapy. As such, this request is deemed not medically necessary.

MS Contin 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 Page(s): 75, 80, 81.

Decision rationale: Ms Contin is a sustained released long acting highly potent opiate analgesic. The proposed advantage of taking long-acting opioids is that they stabilize medication levels and provide long around the clock analgesia. Opioids appear to be effective in the treatment of low back pain, but according to the MTUS Guidelines, it appears to be limited to short-term pain relief. Long term efficacy is unclear, but also appears limited. The individual has been charted as taking this medication since 2004. Failure to respond to a time-limited group of opioids has lead to the suggestion of reassessment and consideration of alternative therapy. The incidence of substance abuse in individuals taking opioids for chronic low back pain is 36-56%. In regards to the individual's radiculopathy: there are no trials of long-term use of opioids for the treatment of chronic lumbar root pain with resultant neuropathy. The MTUS Guidelines recommends use of antidepressants or anticonvulsants for lumbar pain with subsequent radiculopathy. Therefore, the request is not medically necessary and appropriate.

Temazepam 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 Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Temazepam (Restoril) package insert.

Decision rationale: Temazepam is a benzodiazepine. The MTUS Chronic Pain Guidelines states that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The package insert for Temazepam only recommends usage for up to 7 days. It is noted that the individual has been taking this medication for sleep/anxiety since 2002. Their range of action includes

sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. 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. As clearly stated in the MTUS Guidelines and the package insert, Temazepam 30mg is not intended for long-term use and is therefore not medically necessary.