

Case Number:	CM14-0074767		
Date Assigned:	07/16/2014	Date of Injury:	06/01/2007
Decision Date:	09/10/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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 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:

Injured worker is a female with date of injury 6/1/2007. Per pain management progress note dated 6/16/2014, the injured worker complains of pain in the neck, arm, low back and leg. She requests refill of her medications. She states that she uses medications as prescribed. She has not requested early medication refill. She reports medications help reduce pain and facilitate activities of daily living. She denies significant medication side effects. She has signed a controlled substance agreement and has undergone random urine drug testing. She rates her current pain severity as 6/10, her best pain severity as 4/10, and her worst pain severity as 10/10. This is worse since her last visit. She describes her pain as aching and stabbing. Weakness, numbness, and loss of bladder or bowel control is not associated with the pain or injury. ON examination of the lumbar spine there is mild loss of lumbar lordosis. Range of motion is about 75% of expected. There are tender trigger points in the low lumbar areas bilaterally. There is tenderness over the lower facet joints and pain with lateral flexion and bilateral rotation of the lumbar spine. Diagnoses include 1) post laminectomy cervical region syndrome 2) brachial neuritis or radiculitis NOS/cervical radiculitis/radicular syndrome 3) lumbosacral spondylosis with out myelopathy 4) thoracic or lumbosacral neuritis or radiculitis unspecified 5) tobacco use disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, page(s) 74-95 Page(s): 74-95.

Decision rationale: Appeal letter dated 6/4/2014 reports that the use of Norco allows the injured worker to participate in daily activities and perform her household chores. She indicates her pain is 6/10 with pain medication and 8-9/10 without pain medication. She consistently reports a 6/10 pain that is worse during her office visits because of the "travel time and pain that getting in and out a vehicle causes". The plan is to titrate medications following lumbar radiofrequency ablation. The injured worker has been provided counseling concerning lifestyle modifications to help with current pain management. The claims administrator reports that the request for Norco on 3/6/2014 was not certified because the report on 2/18/2014 reported that the plan was to titrate medications. The claims administrator also notes that due to comorbidities the long term use of opioids is not medically appropriate, suggesting trials of adjuvants for her neuropathic pain. It is also noted that the injured worker has been using Norco since 2/2014 without evidence of significant improvement in pain or function. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. The requesting physician is also taking measures to assess for adherent behavior that may necessitate immediate discontinuation of the medications. There is a plan for titrating the use of opioid pain medication. The request for Norco 10/325 #150 is determined to be medically necessary.

Temazepam 15mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section Page(s): 24,124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Temazepam 15 mg #60 with one refill is determined to not be medically necessary.

