

Case Number:	CM14-0075982		
Date Assigned:	08/06/2014	Date of Injury:	08/28/1999
Decision Date:	09/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic medications; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for temazepam, partially certified request for Restoril, partially certified request for Valium, approved a request for methadone, partially request for Vicodin, partially certified request for Motrin, denied an EKG, and approved a urine drug screen. In a medical-legal evaluation dated October 27, 2003, it was suggested that the applicant was no longer working as a carpenter and that permanent work restrictions would be imposed which would prevent the applicant from returning to work as a carpenter. In an April 18, 2007, supplemental report, the applicant was apparently covertly surveilled vigorously washing his car and boat. The applicant was also observed performing yard work, including using a lawn mower. The medical-legal evaluator again stated that the applicant did need ongoing pain management but should not continue with the opioid agents. On July 15, 2014, the applicant underwent multilevel medial branch blocks. On July 31, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Norco, Valium, Restoril, Motrin, Pepcid, Lipitor, ramipril, Lopressor, baby aspirin, and unspecified inhalers, it was stated. The attending provider posited that ongoing medication usage was beneficial here but did not elaborate as to how the medications in question were beneficial. The applicant was given refills of Norco #90 with three refills, Valium #30 with refills, Restoril as needed for insomnia, methadone, Motrin, and Flector patches. Radiofrequency ablation procedures were sought. On July 1, 2014, the applicant again presented with persistent complaints of pain, 5/10 with medications versus 10/10 pain without medications. The attending

provider stated that the applicant's medications were keeping his pain manageable. The applicant was using Norco twice daily, Valium three times daily, Restoril nightly, and Motrin twice daily, it was acknowledged. Prescriptions for Norco, Valium, Restoril, methadone, and Motrin were apparently endorsed. On July 1, 2014, the applicant was given refills of Norco, Valium, Restoril, methadone, Motrin, and Pepcid, it was stated. On May 1, 2014, the applicant was again described as using methadone, Norco, Restoril, Motrin, Valium, and Restoril. The attending provider again posited that the applicant's usage of pain medications was ameliorating his pain scores. The attending provider stated that the applicant would not be able to get out of bed without the opioids in question. An EKG and medial branch block were sought. The EKG was apparently being sought for the purposes of assessing whether or not methadone usage had prolonged the applicant's QTc interval. The applicant was not using any illicit substances, it was stated. Urine drug testing on April 29, 2014 was reviewed. The applicant was positive for opioids and negative for all other substances. Despite the fact that the applicant was negative for many other drug classes, including marijuana, PCP, barbiturates, benzodiazepines, amphetamines, etc., the attending provider went on to perform confirmatory and quantitative testing of all of those drug classes. The attending provider also went on to perform testing of multiple different opioids, synthetic opioids, and benzodiazepine metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam may be appropriate for "brief periods, in cases of overwhelming symptoms," so as to afford an applicant with the ability to recoup emotional or physical resources, in this case, however, it appears that the attending provider is intent on employing temazepam (Restoril) on a scheduled, nightly use purpose, for sedative effect. This is not an ACOEM-approved indication for temazepam. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider take into consideration applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has not stated why the applicant needs to use three separate benzodiazepines, namely brand-name Restoril, generic temazepam, and Valium, concurrently. Therefore, the request is not medically necessary.

Restoril 30mg #30 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 7 24.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the prescribing provider to factor into account applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has not proffered any compelling rationale for selection and/or ongoing usage of three separate benzodiazepines, namely generic temazepam, brand name Restoril, and brand name Valium, particularly when page 24 of the MTUS Chronic Pain Medical Treatment Guidelines posits that benzodiazepines such as Restoril are "not recommended" for long-term use purposes, including for the sedative effect purpose for which Restoril is seemingly being employed here. Therefore, the request is not medically necessary.

Valium 10mg #30 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 7 24.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the prescribing provider to factor into account applicant-specific variables such as "other medications" into his choice or recommendations. In this case, the attending provider has not proffered any compelling applicant-specific rationale for selection and/or ongoing usage of three separate benzodiazepine anxiolytics, namely generic temazepam, brand name Restoril, and brand name Valium, particularly when page 24 of the MTUS Chronic Pain Medical Treatment Guidelines notes that benzodiazepines such as Valium are "not recommended" for longer than four weeks, including for the sedative effect for which Valium is seemingly employed here. Therefore, the request is not medically necessary.

Vicodin 10/325mg #60 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. In this case, however, the applicant is off of work. While the attending provider has posited that the applicant is deriving appropriate analgesia with ongoing opioid usage, including ongoing Vicodin usage, the attending provider has not outlined any tangible or material improvements in function achieved as a result of ongoing opioid therapy. The attending provider's commentary to

the effect that the applicant would not be able to get up out of bed and do the dishes without opioid usage appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to any form of work, several years removed from the date of injury. Therefore, the request is not medically necessary.

Motrin 400mg #30 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. Ongoing usage of Motrin has failed to curtail or diminish the applicant's reliance on other forms of medical treatment, including interventional spine procedures and opioid agents such as methadone and Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Motrin usage. Therefore, the request is not medically necessary.

Methadone 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

Decision rationale: The request in question represents a renewal request. 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. In this case, however, the applicant is off of work. While the attending provider has suggested that ongoing opioid therapy has diminished the applicant's pain complaints, the attending provider has failed to outline any tangible material improvements in function achieved as a result of ongoing opioid usage, including methadone usage. The attending provider's commentary to the effect that the applicant would not be able to get up out of bed in the morning and/or do dishes appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

1 EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone topic Page(s): 61.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, QTc prolongation with resultant serious arrhythmia has been noted in applicants using methadone. By implication, then, an EKG to evaluate the applicant's current QTc interval is indicated as the applicant is currently using methadone. Therefore, the request is medically necessary.

1 urinalysis drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when an applicant was last tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. ODG does not recommend confirmatory or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider went on to perform confirmatory and quantitative drug testing on April 29, 2014, despite the fact that the applicant was negative for many of the parent drug panels. No rationale for performance of quantitative drug testing was furnished in the face of ODG's unfavorable position on the same. The attending provider did not identify when the applicant was tested, moreover. Therefore, the request was not medically necessary.