MAXIMUS Federal Services

Case Number:	CM14-0079984		
Date Assigned:	08/13/2014	Date of Injury:	10/24/1979
Decision Date:	09/11/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 75-year-old female who was injured on October 24, 1979. The patient continued to experience low back pain. Physical examination was notable for slowed gait, pain with range of motion in flexion and extension, and normal right leg examination. Diagnoses included low back pain and spinal enthesopathy, and lumbar radiculopathy. Treatment included medications and trigger point injections. Requests for authorization for temazepam 30 mg, buproprion tab SR, and carisoprodol 350 mg were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg 1 capsule at bedtime PRN insomnia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment.

Decision rationale: Temazepam is an FDA-approved benzodiazepine for sleep maintenance insomnia. This medication is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation,

impaired cognition, impaired psychomotor function, and rebound insomnia). Benzodiazepines have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. In this case the patient had been taking the medication since at least September 2013. The duration of treatment surpasses the recommended short-term duration. The request is not medically necessary.

Bupropion HCL Tab SR 1 tablet daily: 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 Pain Interventions Page(s): 16.

Decision rationale: Buproprion is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor). It has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. In this case the documentation does not support that the patient is suffering from radicular pain. There is no documentation of motor or sensory deficits. In addition the patient had been taking the medication since at least September 2013 and is still experiencing severe pain. The medication has not proven to be effective. The request is not medically necessary.

Carisoprodol 350mg: 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 Pain Interventions Page(s): 29.

Decision rationale: Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request is not medically necessary.