

Case Number:	CM14-0081154		
Date Assigned:	07/18/2014	Date of Injury:	12/11/2000
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 12/11/2000. The mechanism of injury was not provided for clinical review. The diagnoses included failed back syndrome. Previous treatments included medication. Within the clinical note dated 04/09/2014, it was reported that the injured worker complained of chronic ongoing pain. Upon physical examination, the provider noted the injured worker's range of motion was forward flexion at 40 degrees and extension at 20 degrees. He reported the injured worker had pain with range of motion. The injured worker had a positive straight leg raise bilaterally. The provider requested for a refill on Norco and temazepam. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Norco 10/325mg #50 X 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for a refill of Norco 10/325 mg #50 times 3 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014. Therefore, the request is not medically necessary.

Temazepam 15mg #60 X 3 refillsn m: 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 rationale: The request for temazepam 15 mg #60 times 3 refills is not medically necessary. The California MTUS Guidelines do not recommend temazepam for long-term use due to long-term efficacy being unproven and there is risk of dependence. The guidelines recommend the limited use of temazepam to 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker had been utilizing the medication since at least 04/2014 which exceeds the guideline recommendations of short-term use of 4 weeks. Therefore, the request is not medically necessary.