

Case Number:	CM14-0093031		
Date Assigned:	07/25/2014	Date of Injury:	01/22/2009
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 49-year-old female with a 1/22/09 date of injury. At the time (4/30/14) of the request for authorization for Temazepam 15mg #60 DOS: 4/30/14 and Norco 10/325mg #210 DOS: 4/30/14, there is documentation of subjective (pain in the bilateral legs, bilateral buttocks, bilateral hips, and bilateral low back) and objective (decreased sensation L5/S1 bilateral legs) findings, current diagnoses (lumbar disc displacement, herniation; lumbar spinal stenosis; degenerative disc disease, lumbar spine; degenerative facet disease, lumbar; lumbar radiculopathy; back pain, lumbar; and abdominal pain, generalized), and treatment to date (medications including ongoing use of Temazepam and Norco). Regarding Temazepam 15mg #60 DOS: 4/30/14, there is no documentation of the intention to treat over a short course (less than four weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Temazepam use to date. Regarding Norco 10/325mg #210 DOS: 4/30/14, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60 DOS: 4/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684003.html>.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, herniation; lumbar spinal stenosis; degenerative disc disease, lumbar spine; degenerative facet disease, lumbar; lumbar radiculopathy; back pain, lumbar; and abdominal pain, generalized. In addition, there is documentation of ongoing treatment with Temazepam. However, given documentation of records reflecting ongoing use of Temazepam, there is no documentation of the intention to treat over a short course (less than four weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Temazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Temazepam 15mg #60 is not medically necessary.

Norco 10/325mg #210 DOS: 4/30/14: 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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, herniation; lumbar spinal stenosis; degenerative disc disease, lumbar spine; degenerative facet disease, lumbar; lumbar radiculopathy; back pain, lumbar; and abdominal pain, generalized. In addition, there is documentation of ongoing use of Norco. However, there is no documentation that the

prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #210 is not medically necessary.