

Case Number:	CM14-0194454		
Date Assigned:	12/02/2014	Date of Injury:	02/01/2004
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

This is a patient with a date of injury of 2/1/04. A utilization review determination dated 10/20/14 recommends non-certification of Norco temazepam, and ESI. Right C7 ESI was performed on 4/24/14. Most recent medical report was from 6/10/14 and it identifies 80% improvement of right neck and upper extremity radicular pain since the prior ESI. On exam, there is tenderness and the bilateral elbows with positive Tinel's, cervical discogenic and upper extremity provocative maneuvers were positive, lumbar tenderness, 4+/5 right wrist extensor strength, decreased sensation at the tufts of the fourth and fifth digits of the right hand. Recommendations include temazepam as it provides the patient with 4 more hours of sleep, Lidoderm as it gives 50% reduction of upper extremity neuropathic pain and patient has failed Neurontin, nortriptyline, and Lyrica, decrease Norco from #120 to #100 given the improvement from cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg/tab #100 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

Temazepam 30mg/tab #30; no refills: Upheld

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

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

Decision rationale: Regarding the request for temazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks..." Within the documentation available for review, the patient's sleep is noted to be improved, but there is no description of the patient's insomnia and failure of non-pharmacological treatment given the lack of support for the long-term use of benzodiazepines. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested temazepam is not medically necessary.

Fluoroscopically - Guided right C7 Transforaminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the provider notes 80% pain

relief for 6 weeks. However, there was no clear evidence of functional improvement. Furthermore, Norco was decreased from #120 to #100, suggesting that pain relief from the ESI was still significant and there was no documentation indicating that pain was returning to support the need for repeating an injection at that time. In the absence of clarity regarding those issues, the currently requested epidural steroid injection is not medically necessary.