

Case Number:	CM14-0196735		
Date Assigned:	12/22/2014	Date of Injury:	08/31/2010
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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 patient is an injured worker with a history of lumbar spine surgery in March 2012. Date of injury was 08/31/2010. The primary treating physician's progress report dated March 7, 2014 documented subjective complaints of low back pain with pain radiating to the back of the legs and back of the knees. He has reconsidered and wants to see if he is a candidate for further surgery to the lumbar spine. The patient complains of sexual dysfunction, sleep difficulty, chest pain, anxiety and depression. Physical examination was documented. Examination of the lumbar spine reveals well-healed surgical scars at the anterior left lower abdomen consistent with anterior lumbar spine surgery. Tenderness to palpation is present over the bilateral paravertebral musculature and lumbosacral junction. Bilateral straight leg raising test elicits pain radiating to the posterior popliteal fossa. Range of motion of the lumbar spine is measured as follows: Flexion is 30 degrees, extension is 10 degrees, right side bending is 15 degrees, and left side bending is 15 degrees. The patient's height is 5 feet 9 inches and weighs 186 pounds. His prior weight is 145 pounds. Diagnoses were status post anterior lumbar spine disc replacement at L4-L5 March 14, 2012, with bilateral lower extremity radiculitis, failed back surgery syndrome, stress, gastrointestinal upset, sexual dysfunction, cardiovascular and sleep complaints. Treatment plan was documented. Surgical consultation to determine if the patient is a candidate for further surgery was requested. CT computed tomography myelogram of the lumbar spine to determine if there is a new disc pathology need for further surgery was requested. The patient is to follow-up with the psychiatrist. Utilization review determination date was 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Restoril (Temazepam), Benzodiazepines

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. ODG guidelines states that Restoril (Temazepam) is not recommended. Temazepam was requested on 10/23/14. The 3/7/14 progress report was the latest progress report present in the submitted medical records. Without recent supporting medical records, the 10/23/14 request for Temazepam is not supported. Therefore, the request for Temazepam 15mg #30 is not medically necessary.

Tylenol No.3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Tylenol No. 3 with Codeine was requested on 10/23/14. The 3/7/14 progress report was the latest progress report present in the submitted medical records. Without recent supporting medical records, the 10/23/14 request for Tylenol No. 3 with Codeine is not supported. Therefore, the request for Tylenol No. 3 300/30mg #60 is not medically necessary.

