MAXIMUS Federal Services

| Case Number: | CM14-0200740 | | |
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| Date Assigned: | 12/11/2014 | Date of Injury: | 08/18/2010 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

## 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 Family Practice, 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 36 years old male patient who sustained an injury on 8/18/2010. The current diagnoses include failed back surgery syndrome, stress, gastrointestinal upset, weight gait and sexual dysfunction. Per the doctor's note dated 10/23/2014, he had complaints of low back pain at 8/10. The physical examination of the lumber spine revealed well healed surgical scar, radiating pain down the left lower leg with decreased sensation over the L4-L5 and Sl nerve root distribution with straight leg raising test, 4,+ /5 muscle strength with flexion and extension and 1+ deep tendon reflexes in bilateral lower extremities. The medications list includes Ultram, Norco, Neurontin, Axid, FexMid and Temazepam. The patient was prescribed Tylenol#3. He has had a lumbar MRI dated 5/14/2014 which revealed status post artificial disc replacement, L4-5; EMG/NCS lower extremities dated 5/15/2014 which revealed no evidence of radiculopathy. He had undergone artificial disc replacement at L4-5 on 3/14/2012; bilateral L4 and L5 peri-articular blocks on 5/29/14. He has had physical therapy and aquatic therapy for this injury. He has had a urine drug screen report on 9/5/2013 with consistent results.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

**Decision rationale:** Codeine is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The patient has been prescribed tramadol and Norco in the past which are also opioids. The response to these medications was not specified in the records provided. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioids for this patient. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol No.3 APAP/Codeine 300/30mg #60 is not established for this patient.

**Temazepam 15mg #30:** Upheld

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

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

**Decision rationale:** Temazepam is a benzodiazepine. According to MTUS guidelines 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. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of Temazepam 15mg #30 is not established for this patient.