

Case Number:	CM14-0206277		
Date Assigned:	12/18/2014	Date of Injury:	02/27/2009
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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 injured worker (IW) is a 564-year-old woman with a date of injury of February 27, 2009. The mechanism of injury was not documented in the medical record. The injured worker's only listed diagnosis is sciatica. Pursuant to the progress note dated November 4, 2014, the IW presents for a follow-up for her low back pain. She is status post anterior lumbar interbody fusion at L5-S1 on September 22, 2014. She reports she is not having any radiating pain after the surgery. She has not started physical therapy yet. Examination of the lumbar spine reveals normal paraspinous muscle tone to palpation. She has active voluntary range of motion of the thoracolumbar spine. She could forward flex to 70 degrees. Extension was 25 degrees. Straight leg test was felt to be negative at 70 degrees. Motor exam was normal in all major muscle groups. Sensory examination was normal to light touch. There was a single handwritten progress note dated July 16, 2014 with documentation that the IW was to continue medications, including Norco, Gabapentin, and Prilosec. All other progress notes in the medical records did not list any medications. There were no pain assessments in the medical record. There were no urine drug screens in the medical records. There was no evidence of objective functional improvement associated with the use of any medications. There were no subjective or objective documentation regarding insomnia in the medical records. The current request is for Norco 10/325mg #180 with 1 refill, Dilaudid 2mg #30, and Temazepam 15mg #20 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker's working diagnosis, pursuant to a November 4, 2014 progress note, is sciatica; and status post anterior lumbar fusion. The documentation does not contain any pain assessments, risk assessments, evidence of objective functional improvement associated with ongoing Norco 10/325 mg use. Additionally, the injured worker is taking a second long acting opiate, Dilaudid. There is no clinical rationale medical record indicating why a second opiate is being prescribed for an ongoing diagnosis of sciatica. There are no urine drug tests or pain assessments in the medical record. Medications are not listed in the medical record progress notes and, as a result, the start date and number of months on opiates cannot be discerned. Consequently, absent the appropriate clinical documentation with objective functional improvement and the clinical indication rationale for ongoing Norco use, Norco 10/325 mg #180 with one refill is not medically necessary.

Dilaudid 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 2 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker's working diagnosis, pursuant to a November 4, 2014 progress note, is sciatica; and status post anterior lumbar fusion. The documentation does not contain any pain assessments, risk assessments, evidence of objective functional improvement associated with ongoing Dilaudid 2 mg use. Additionally, the injured worker is taking a second long acting opiate, Dilaudid. There is no clinical rationale medical record

indicating why a second opiate is being prescribed for an ongoing diagnosis of sciatica. There are no urine drug tests or pain assessments in the medical record. Medications are not listed in the medical record progress notes and, as a result, the start date and number of months on opiates cannot be discerned. Consequently, absent the appropriate clinical documentation with evidence objective functional improvement and the clinical indication rationale for ongoing Dilaudid use, Dilaudid 2 mg #30 is not medically necessary.

Temazepam 15mg #20 with n1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Temazepam 15 mg #20 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic Benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker's working diagnosis, pursuant to a November 4, 2014 progress note, is sciatica; and status post anterior lumbar fusion. The documentation does not contain any entry regarding Temazepam in the medical record. There is no documentation regarding insomnia. The length of time Temazepam has been used is unclear based on the documentation. Temazepam is not recommended according to the Official Disability Guidelines. Consequently, absent documentation supporting the ongoing use of Temazepam in contravention of the Official Disability Guidelines, Temazepam 15 mg #20 with one refill is not medically necessary.