

Case Number:	CM14-0210927		
Date Assigned:	12/23/2014	Date of Injury:	10/02/2009
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/16/2014

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 44-year-old man with a date of injury of October 2, 1009. The mechanism of injury occurred when the IW sustained a crush injury to the left thumb while working as a heavy truck mechanics. The injured worker's working diagnoses are chronic pain syndrome; pain in joint, hand; neuralgia; and paresthesia upper extremity. Pursuant to the pain management progress report dated November 6, 2014, the IW presents for medication maintenance. He reports left elbow pain and swelling. The objective musculoskeletal findings state, "complains of joint swelling". No other objective physical finding were documented referable to the injured worker's complains. There are no subjective complains of difficulty sleeping. There are no diagnoses regarding insomnia. Current medications include Oxycontin 10mg, Oxycodone-Acetaminophen 10/325mg, Temazepam 15mg, Celexa 20mg, and Lidoderm 5% patch. The IW has been taking the aforementioned medications since July 10, 2014, according to a progress note with the same date. Documentation indicated the IW continues to wake 5 times a night. There is no documentation of objective functional improvement with the ongoing use of Temazepam. The progress note dated November 3, 2014 contains a pain assessment. However, the pain assessment indicates the IW is still having "pain that is worse all day". The VAS scores are 8/10 and 9/10 with 10 being the worst pain. The current request is for Temazepam 15mg #30, and Oxycodone-Acetaminophen 10/325mg #240.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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/Temazepam.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Temazepam 15 mg #30 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. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are chronic pain syndrome; pain in joint, hand; neuralgia; and paresthesia upper extremity. The documentation indicates the injured worker was taking Temazepam as far back as July 10, 2014. Documentation does not contain any entries regarding whether Temazepam is providing objective relief of sleep symptoms. There are no subjective complaints of insomnia or difficulty sleeping and the diagnoses do not contain any issues regarding insomnia. The ODG guidelines do not recommend Temazepam. Temazepam is not indicated for long-term use (longer than two weeks). The treating physician has clearly exceeded the recommended guidelines (longer than two weeks) treatment. Consequently, absent clinical indications/documentation supporting insomnia and/or sleep difficulties and exceeding the recommended guidelines of longer than two weeks, Temazepam 15 mg #30 is not medically necessary.

Oxycodone-Acetaminophen 10-325mg #240: 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, Oxycodone/acetaminophen 10/325 mg #240 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 to improve payment function. In this case, the injured worker's working diagnoses are chronic pain syndrome; pain in joint, hand; neuralgia; and paresthesia upper extremity. The documentation in the medical record indicates the injured worker is taking two opiates. The medications include oxycodone and OxyContin. The documentation does not contain a rationale for using two opiates. Additionally, there is no clinical indication for two opiates. A progress note dated November 3, 2014 contains a pain assessment. However, the pain assessment indicates the injured worker is still having "pain that is worse all day". The VAS

scores are 8/10 9/10 with 10 being the worst pain. Consequently, absent clinical documentation showing objective functional improvement, the presence of two opiates used concurrently, oxycodone/acetaminophen 10/325 mg #240 is not medically necessary.