

<b>Case Number:</b>	CM15-0017773		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/28/1999
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 is a 57 year old male, who sustained an industrial injury on August 28, 1999. He has reported pain in the lumbar spine. The diagnoses have included degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, spondylosis with myelopathy in the thoracic region, arthropathy of lumbar facet joint, pain in the thoracic spine, neck sprain and strain of neck muscle. Treatment to date has included diagnostic studies, epidural injections, chiropractic treatment, heat, ice, exercises, rest and medications. On February 19, 2015, the injured worker complained of low back pain that radiates down his bilateral legs and hypoesthesia in the bilateral feet. His pain was rated as a 5 on a 1-10 pain scale with medications and as a 10/10 without medications. He reported that his pain medication helps him through his day and allows him to do his activities of daily living. He reported chiropractic treatment helped his pain and he continues to go to the gym to benefit his pain. On January 2, 2015, Utilization Review modified a request for Motrin 800mg #60 with three refills to Motrin 800mg #60 with no refills, noting the CA MTUS Guidelines. A request for Methadone 10mg #30 was modified to Methadone 10mg #7, noting the CA MTUS Guidelines. A request for Restoril (Temazepam) 30mg #30 with three refills was modified to Restoril (Temazepam) 30mg #5 with no refills, noting the CA MTUS Guidelines. On January 30, 2015, the injured worker submitted an application for Independent Medical Review for review of Motrin 800mg #60 with 3 refills, Methadone 10mg #30 and Restoril (Temazepam) 30mg #30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #60 with 0 refills between 12/24/14-12/29/15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67-70 of 127..

**Decision rationale:** The California MTUS guidelines indicates that anti-inflammatories are traditional first-line agents for the treatment of pain and increased functional ability. The progress note dated 19 February 2015 does indicate an objective decrease in pain and increased ability to perform activities of daily living with medications. As such, this request for Motrin 800 mg is medically necessary.

**Methadone 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 61-62 of 127..

**Decision rationale:** Regarding Methadone, the notes on 19 February 2015 also indicate a request to continue the injured employee's current medication maintenance regimen as they are stated to reduce pain, increased activity tolerance, and restore partial overall functioning. However, the existing medication regimen for the injured employee does not include methadone. Furthermore, the California MTUS guidelines recommends Methadone as a second line agent and there is no documentation of failure of previous medications that would support its use. For these multiple reasons, this initial request for methadone is not certified.

**Restoril 30mg #5 with 0 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, temazepam.

**Decision rationale:** Regarding Restoril, this medication is not recommended for use longer than 2 to 4 weeks due to risk of psychological and physical dependence as well as addiction. The attach medical record indicates that Restoril has been prescribed for an extended period of time. Furthermore the most recent progress note does not indicate issues with difficulty sleeping, or insomnia. As such, this request for Restoril is not medically necessary.