

Case Number:	CM15-0183514		
Date Assigned:	09/24/2015	Date of Injury:	01/29/2010
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Family Practice

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 33-year-old male who sustained an industrial injury on January 29, 2010. Diagnoses have included lumbago; postlaminectomy syndrome, lumbar region; spasm of muscle; unequal leg length; and, insomnia. Documented treatment includes L4-S1 fusion December 2012, and he had been managing his post-surgery pain with medication including Oxycontin 30 mg every 12 hours, Flexeril, and Gabapentin, but attempted to be medication-free due to family "complaining" about him taking medication. The injured worker is presenting with sharp, stabbing pain radiating into his left leg with spasm. Pain is rated as reaching 9 out of 10 at its worse. On 7-29-2015, the treating physician stated he had been "doing well" with the medications he had been on and that he "functions better on it." The treating physician's plan of care includes re-starting the injured worker on medication including Oxycontin, Restoril, and Dermatran Combination #7. He has been unemployed. This was denied on 8-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 Mg, 1 Po 12h as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycontin. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 As for Ongoing Monitoring." These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Oxycontin is not medically necessary.

Restoril 15 Mg, 1by mouth at bed time as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, including Restoril (temazepam). 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. A more appropriate treatment for anxiety disorder is an anti-depressant. Tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. As this benzodiazepine is being used for the treatment of insomnia, the Official Disability Guidelines are used to address the treatment of insomnia. These guidelines state that insomnia treatment should be based on the underlying etiology. Further, when treatment for insomnia extends beyond 7 days there should be an effort to assess the

underlying etiology. In this case, the medical records do not provide evidence that there has been an effort to assess the underlying etiology of this patient's insomnia. Further, benzodiazepines are not recommended as a long-term treatment strategy. For these reasons, Restoril is not medically necessary.

Dermatran Combination #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including a component of Dermatran Combination #7. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The records indicate that Ketamine is a component of the above requested compounded topical analgesic cream. The MTUS guidelines do not recommend the use of Ketamine as a topical analgesic. Therefore, the entire compounded cream is not recommended. In summary, Dermatran Combination #7 is not medically necessary.