

Case Number:	CM15-0184151		
Date Assigned:	09/24/2015	Date of Injury:	09/03/2002
Decision Date:	11/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old male, who sustained an industrial injury on 09-03-2002. He has reported subsequent low back, bilateral lower extremity and neck pain and was diagnosed with lumbar radiculopathy of the left leg, cervical pain, L3-S1 central canal stenosis and neural foraminal stenosis, L3-L4 disc extrusion, L3-S1 moderate facet arthropathy, L4-S2 disc bulges and chronic intractable pain. Treatment to date has included pain medication, bilateral L3-L5 medial branch blocks and a home exercise program. Norco was prescribed since at least 03-26-2015. On 04-28-2015, the injured worker was noted to have an increase in difficulty sleeping with increasing pain and had made attempts at improved sleep hygiene to no avail. The physician indicated that Restoril was being prescribed in an attempt to restore sleep pattern and offer better activities of daily living. In a progress note dated 09-08-2015, the injured worker reported low back pain with increasing complaints of numbness in the bilateral lower extremities, worse on the left than the right, rated as 8-9 out of 10 without medications and 6-7 out of 10 with medications. The injured worker was noted to have difficulty performing activities of daily living and with nocturnal sleep pattern. Objective examination findings showed palpable tenderness of the lumbar paravertebral muscles bilaterally and positive facet loading test. Work status was documented as temporarily totally disabled. The physician noted that the injured worker was an appropriate lumbar spine surgical candidate and that Norco would continue to be prescribed due to ongoing complaints of pain while being worked up for potential lumbar spine surgery and Restoril for sleep interrupted by pain. A request for authorization of Norco 10-325 mg #60 and Restoril 30 mg #30 was submitted. As per the 09-15-2015 utilization review, the request for

Norco was modified to certification of Norco 10 mg-325 mg #54 and the request for Restoril 30 mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

Restoril 30mg #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 Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review, and the request was appropriately denied. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore, the request for temazepam is not medically necessary at this time, and modification per utilization review decision is considered reasonable in order to facilitate weaning.