

Case Number:	CM15-0185315		
Date Assigned:	09/25/2015	Date of Injury:	10/19/2000
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Illinois

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 47-year-old male, who sustained an industrial injury on 10/19/2000. The medical records indicate that the injured worker is undergoing treatment for lumbago, pain in shoulder joint, unspecified disorders of the bursae and tendons in the shoulder region, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, cervicgia, cervical post laminectomy syndrome, and brachial neuritis or radiculitis. According to the progress report dated 9-8-2015, the injured worker presented with complaints of significant low back, neck, and left shoulder pain with constant bilateral upper and lower extremity numbness, tingling, and weakness. On a subjective pain scale, he currently rates his pain 10 out of 10. On average, he rates his pain 6 out of 10 with medications and 10 out of 10 without. The physical examination of the cervical spine reveals tenderness to palpation, spasms, and restricted range of motion. Thoracic exam revealed tenderness to palpation. Examination of the lumbar spine reveals positive straight leg raise test bilaterally. The current medications are Restoril, Norco, and OxyContin. Per notes, the medications prescribed are keeping him functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. There is documentation of ongoing treatment with Restoril, Norco, and OxyContin since at least 5-19-2015. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, home exercise program, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-9-2015) had non-certified a request for Restoril, Norco, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg quantity 30: 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 injured worker sustained a work related injury on 10/19/2000. The medical records provided indicate the diagnosis of r lumbago, pain in shoulder joint, unspecified disorders of the bursae and tendons in the shoulder region, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, cervicgia, cervical post laminectomy syndrome, and brachial neuritis or radiculitis. Treatments have included Restoril, Norco, and OxyContin since at least 5-19-2015. The medical records provided for review do not indicate a medical necessity for Restoril 30mg quantity 30. Restoril (Temazepam) is a benzodiazepine sedative hypnotic. The MTUS recommends against the use of the benzodiazepines for longer than 4 weeks due to worsening side effects and lack of evidence of efficacy, but the records indicate the injured worker has been using it since 05/2015. Therefore, the requested treatment is not medically necessary.

Norco 10/325mg quantity 30: 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): Introduction, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dosing.

Decision rationale: The injured worker sustained a work related injury on 10/19/2000. The medical records provided indicate the diagnosis of r lumbago, pain in shoulder joint, unspecified disorders of the bursae and tendons in the shoulder region, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, cervicgia, cervical post laminectomy syndrome, and brachial neuritis or radiculitis. Treatments have included Restoril, Norco, and OxyContin since at least 5-19-2015. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg quantity 30. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The maximum recommended daily dose of opioids is 120 mg morphine equivalents. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication at least since 05/2015 with reported benefit at more than the recommended daily dose. The pain is reported to be getting worse. Additionally, the injured worker needs to take marijuana to aid sleep. The requested treatment is not medically necessary based on lack of overall improvement as defined by MTUS to mean either a clinically significant improvement in

activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment; and also, based on the fact that the injured worker is taking more than the recommended daily dose of opioids.

Oxycontin 40mg quantity 105: 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 for osteoarthritis, Opioids, dosing, Opioid hyperalgesia, Introduction, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The injured worker sustained a work related injury on 10/19/2000. The medical records provided indicate the diagnosis of r lumbago, pain in shoulder joint, unspecified disorders of the bursae and tendons in the shoulder region, cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, cervicalgia, cervical post laminectomy syndrome, and brachial neuritis or radiculitis. Treatments have included Restoril, Norco, and OxyContin since at least 5-19-2015. The medical records provided for review do not indicate a medical necessity for Oxycontin 40mg quantity 105. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The maximum recommended daily dose of opioids is 120 mg morphine equivalents. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment If there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking this medication at least since 05/2015 with reported benefit at more than the recommended daily dose. The pain is reported to be getting worse. Additionally, the injured worker needs to take marijuana to aid sleep. The requested treatment is not medically necessary based on lack of overall improvement as defined by MTUS to mean either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment; and also, based on the fact that the injured worker is taking more than the recommended daily dose of opioids.