

<b>Case Number:</b>	CM15-0189690		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/03/1993
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 66 year old, female who sustained a work related injury on 11-3-93. A review of the medical records shows she is being treated for lower back and left leg pain. Current medications include Nucynta, Lorazepam, Avinza and Lactulose. She has been taking Avinza since at least 1-2015. In the progress notes, the injured worker reports lower back pain and left leg pain that is increasing with activity. She rates the pain a 3-4 out of 10 with medications in the last few visits. On physical exam dated 8-20-15, she has tenderness at lumbar spine and facet joint. She has decreased lumbar range of motion. No notation on working status. The treatment plan includes requests for medication refills. In the Utilization Review dated 9-11-15, the requested treatments of Avinza 120mg. 30 days with 1 refill, Docusate Sodium 250mg. 30 days with 2 refills and Temazepam 15mg. 30 days with 2 refills are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 120mg 30 Days 1 Refill #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): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is noted to have been prescribed this medication since at least January, 2015 without consistent objective documentation of significant pain relief or functional improvement. A recent progress report noted that the injured worker's pain has increased with activities. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Avinza 120mg 30 days 1 refill #30 is not medically necessary.

**Docusate Sodium 250mg 30 days with 2 Refills Total of #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute (20th Annual Edition), 2015, Pain (Chronic), Opioid-induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment section.

**Decision rationale:** The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. In this case, the injured worker's request for opioids is not supported, therefore there is no requirement for the continued use of Docusate Sodium. The request for Docusate Sodium 250mg 30 days with 2 refills total of #120 is not medically necessary.

**Temazepam 15mg 30 Days 2 Refills Total of #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute (20th Annual Edition), 2015, Pain (Chronic), Temazepam.

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

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the request for 30 days of Temazepam with 2 refills implies long term. Long term use of benzodiazepams is not supported by the available guidelines, therefore, the request for Temazepam 15mg 30 days 2 refills total of #60 is not medically necessary.