

Case Number:	CM15-0196082		
Date Assigned:	10/09/2015	Date of Injury:	04/16/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51-year-old male, who sustained an industrial injury on 04-16-2014. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy; low back pain syndrome; degenerative disc disease lumbar spine; facet joint disease, lumbar spine; and sciatica. Treatment to date has included medications, diagnostics, cane, and home exercise program. Medications have included Tylenol, Advil, Aleve, Norco, Norflex, and LidoPro cream. A progress report from the treating provider, dated 08-13-2014, documented an evaluation with the injured worker. The injured worker reported low back and left leg symptoms; currently, he rates the pain at 10 out of 10 in intensity; since his last visit he notes that his symptoms have been more severe; he has been having more cramping into the leg and more pain into the hip; he is also having more difficulty with walking; he reports some benefit from his trial of Norco 5- 325 and he is having to take 2 at a time; he reports that he had facial drooping with his trial of Norflex. Objective documentation included he is alert and oriented and in no acute distress; his gait is markedly antalgic; he is unable to heel or toe walk; he has tenderness to palpation of the lumbar spine extending into the left greater than right paraspinal region; lumbar spine ranges of motion are decreased; the straight leg raise test on the left side causes pain to the knee; the straight leg raise on the right causes pain to the knee; there is a positive Lasegue maneuver bilaterally; and the EMG (electromyography)-NCS (nerve conduction studies) of the bilateral lower extremities, dated 07-17-2014, "is read as abnormal, with evidence of a left S1 radiculopathy". The treatment plan has included the request for Hydrocodone-APAP (Acetaminophen) 10-325 mg quantity 90 (retrospective 08-13-2014);

Cyclobenzaprine 7.5 mg quantity 60 (retrospective 08-13-2014); and Temazepam 15 mg quantity 60 (retrospective 08-13-2014). The original utilization review, dated 09-22-2015, non-certified the request for Hydrocodone-APAP (Acetaminophen) 10-325 mg quantity 90 (retrospective 08-13-2014), and for Temazepam 15 mg quantity 60 (retrospective 08-13-2014); and modified the request for Cyclobenzaprine 7.5 mg quantity 60 (retrospective 08-13-2014), to 30 Cyclobenzaprine 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 10/325 mg Qty 90 (retrospective 8/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Hydrocodone/APAP (acetaminophen) 10/325 mg Qty 90 (retrospective 8/13/2014) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on opioids without significant evidence of functional improvement therefore the request for Hydrocodone/APAP (acetaminophen) is not medically necessary.

Cyclobenzaprine 7.5 mg Qty 60 (retrospective 8/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: Cyclobenzaprine 7.5 mg Qty 60 (retrospective 8/13/2014) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate using this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine Qty 60 is not medically necessary.

Temazepam 15 mg Qty 60 (retrospective 8/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress- insomnia treatment.

Decision rationale: Temazepam 15 mg Qty 60 (retrospective 8/13/2014) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The ODG does not recommend this medication as a first line sleep medication due to side effect profile. The MTUS states that most guidelines limit use to 4 weeks. The documentation states that the patient was not to use this medication nightly and the guidelines do not recommend this medication long term therefore the request of Temezepam with Qty 60 is not medically necessary.