

Case Number:	CM15-0207752		
Date Assigned:	10/26/2015	Date of Injury:	03/30/2000
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 67 year old male who sustained an industrial injury on 3-30-00. He has been disabled for the past 8 years per 5-13-15 note. The medical records indicate that the injured worker has been treated for diabetes; low back pain; obstructive sleep apnea; insomnia; lumbar radiculitis; chronic pain; obesity; degenerative disc disease; lumbar spondylosis; myofascial muscle pain. He currently (10-8-15) complains of lower back pain with intermittent pain radiating into the right leg with numbness with prolonged standing with a pain level of 4 out of 10. His pain level was 4-5 out of 10 from 1-14-15 through 10-8-15. He has sleep difficulties due to pain. The physical exam revealed tenderness of the lumbar paraspinal muscles. Progress notes from 8-13-15 to 10-8-15 indicate "functional status unchanged". Diagnostics include MRI lumbar spine (6-10-14) showing spinal stenosis. Treatments to date include acupuncture with 70% improvement after each session and the effects would last for 3 days and cumulatively the injured worker felt that he was 10-15% better than before he started treatment, the number of treatments was not present; medications: acetaminophen for pain (since at least 9-4-14); Lyrica for radicular pain (since at least 12-22-14), temazepam for insomnia (since at least 9-4-14); lumbar discectomy (2002); lumbar spinal fusion (2003); lumbar hardware removal (2004); epidural steroid injection (8-2014). The request for authorization dated 10-5-15 was for acupuncture times 10; temazepam 15mg #90 with 1 refill; acetaminophen extra strength 500mg #540 with 4 refills; Lyrica 150mg #360 with 4 refills. On 10-12-15 Utilization Review non-certified the requests for acupuncture times 10; temazepam 15mg #90 with 1 refill

modified to #60 with no refills; acetaminophen extra strength 500mg #540 with 4 refills modified to 500mg #360 with no refills; Lyrica 150mg #360 with 4 refills modified to #120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. Acupuncture x 10 is not medically necessary.

Temazepam 15mg #90 with 1 refill: 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 (ODG), <http://www.odg-twc.com/odgtwc/pain.htm>.

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

Decision rationale: The MTUS states that 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. The original reviewer modified the request to limit the supply to a four week period. Temazepam 15mg #90 with 1 refill is not medically necessary.

Acetaminophen extra strength 500mg #540 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen,

particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. As such, the original reviewer modified the request to exclude all refills. Acetaminophen extra strength 500mg #540 with 4 refills is not medically necessary.

Lyrica 150mg #360 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The MTUS states that pregabalin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Lyrica is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The 4 refills indicated in the original prescription would provide a 30 month supply which is excessive. The original reviewer modified the request to a supply limited to two months. Lyrica 150mg #360 with 4 refills is not medically necessary.