

Case Number:	CM15-0029087		
Date Assigned:	02/23/2015	Date of Injury:	10/20/2004
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy (RSD) of the lower limb reportedly associated with an industrial injury of October 20, 2004. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve request for morphine, Norco, and temazepam (Restoril). The claims administrator did apparently approve a request for gabapentin. Partial approval of several medications was apparently furnished for tapering or weaning purposes. The claims administrator referenced progress notes of December 14, 2014 and November 12, 2014 in the determination. The claims administrator did state that the applicant had developed reflex sympathetic dystrophy following earlier failed lumbar laminectomy surgery. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back pain radiating into the left lower extremity. The applicant had reportedly received opioid medications in the emergency department, including Norco. The applicant seemingly contended that he was self-procuring medications from the emergency department on the grounds that his claims administrator had reportedly failed to approve some of the medications at issue. The applicant was nevertheless given various medication refills and asked to find another pain management physician to treat with. The attending provider did not clearly state why he was transferring the applicant to a new pain management physician. In another section of the note, the attending provider suggested that the applicant was a good candidate for detoxification off of opioids. The applicant had apparently threatened to sue his treating provider on other occasions, it was incidentally noted. The applicant was status post spine surgery and status post

spinal cord stimulator implantation, it was acknowledged. The applicant was nevertheless given refills of morphine, Norco, Restoril, and Neurontin, despite the various and sundry issues raised by the treating provider. The applicant's permanent limitations were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2) Prescription opiate abuse in chronic pain patients 6) When to Discontinue Opioids Page(s): 85; 79.

Decision rationale: No, the request for morphine extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, visits to the emergency department to obtain medications do suggest the presence of prescription opioid abuse. Here, the applicant has apparently obtained medications from an emergency department on at least two prior occasions, the treating provider has contended. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider immediately discontinue opioids in applicants who display or demonstrate aggressive or threatening behavior in the clinic setting. Here, the applicant has apparently threatened his treating provider on at least one prior occasion. All of the foregoing, taken together, suggests that discontinuing opioids is a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2) Prescription opiate abuse in chronic pain patients 6) When to Discontinue Opioids Page(s): 85; 79.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, frequent visits to emergency departments to obtain pain medications are often suggestive or indicative of prescription opioid abuse. Here, the applicant has apparently gone to the emergency department on two recent occasions in late 2014-early 2015 to obtain opioid agents. This was, in fact, suggestive of prescription opioid abuse. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending

provider immediately discontinue opioids in applicants who engage in aberrant behaviors, such as threatening behaviors in the clinic setting. Here, the applicant has apparently threatened to harm his treating provider on at least one occasion. All of the foregoing, taken together, suggests that discontinuing opioids is a more appropriate option than continuing the same in the context present here. Therefore, the request was not medically necessary.

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for temazepam (Restoril), an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam (Restoril) can be employed for brief periods, in cases of overwhelming symptoms, in this case, however, it appeared that the attending provider and/or applicant are intent on employing temazepam (Restoril) for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.