

Case Number:	CM15-0218036		
Date Assigned:	11/09/2015	Date of Injury:	08/02/2002
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 08-02-2002. The injured worker is undergoing treatment for neck pain and right carpal tunnel syndrome. On 9-10-15, 10-12-15, she reported being scheduled for a functional capacity evaluation. She also reported neck pain that worsened with increased activity. Physical examination revealed tenderness in the neck with restricted neck range of motion. The provider noted temazepam was for sleep. The treatment and diagnostic testing to date has included medications, cervical spine surgery (2010) and right carpal tunnel release (2011). Medications have included Norco, Protonix and Temazepam. The records indicate she has been utilizing Norco, Protonix and Temazepam since at least September 2015, possibly longer. There is no discussion of pain reduction, sleep assessment, insomnia, or gastrointestinal issues. Current work status: temporary total disability. The request for authorization is for Norco 10-325mg quantity 120, Protonix 40mg quantity 30 and Temazepam 30mg quantity 30. The UR dated 10-26-2015 modified Norco 10-325mg quantity 80, Temazepam 30mg quantity 15, and non-certified Protonix 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in August 2002 while working as Correctional Officer and underwent a multilevel cervical fusion in May 2010 with subsequent hardware removal. She underwent right carpal tunnel and deQuervain's release surgery in June 2011. In September 2015 she was having ongoing neck pain. She was requesting medications refills. She felt that medications were improving her pain and activity levels. Pain scores were not recorded. Physical examination findings were posterior cervical tenderness with spasms. There was restricted range of motion. Medications were refilled including Norco, Protonix, and temazepam which was being prescribed for sleep. She was referred for a functional capacity evaluation. In October 2015 she had neck pain that was worse with activity. She had been scheduled for the functional capacity evaluation later that week. She was requesting a refill of medications. Physical examination findings were unchanged. Her medications were refilled. Temporary total disability was continued. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Protonix 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2002 while working as Correctional Officer and underwent a multilevel cervical fusion in May 2010 with subsequent hardware removal. She underwent right carpal tunnel and deQuervain's release surgery in June 2011. In September 2015 she was having ongoing neck pain. She was requesting medications refills. She felt that medications were improving her pain and activity levels. Pain scores were not recorded. Physical examination findings were posterior cervical tenderness with spasms. There was restricted range of motion. Medications were refilled including Norco, Protonix, and temazepam which was being prescribed for sleep. She was referred for a functional capacity evaluation. In October 2015 she had neck pain that was worse with activity. She had been scheduled for the functional capacity evaluation later that week. She was requesting a refill of medications. Physical examination findings were unchanged. Her medications were refilled. Temporary total disability was continued. Guidelines recommend an

assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Protonix (pantoprazole) is not considered medically necessary.

Temazepam 30mg, #30: Upheld

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

Decision rationale: The claimant has a remote history of a work injury occurring in August 2002 while working as Correctional Officer and underwent a multilevel cervical fusion in May 2010 with subsequent hardware removal. She underwent right carpal tunnel and deQuervain's release surgery in June 2011. In September 2015 she was having ongoing neck pain. She was requesting medications refills. She felt that medications were improving her pain and activity levels. Pain scores were not recorded. Physical examination findings were posterior cervical tenderness with spasms. There was restricted range of motion. Medications were refilled including Norco, Protonix, and temazepam which was being prescribed for sleep. She was referred for a functional capacity evaluation. In October 2015 she had neck pain that was worse with activity. She had been scheduled for the functional capacity evaluation later that week. She was requesting a refill of medications. Physical examination findings were unchanged. Her medications were refilled. Temporary total disability was continued. Temazepam (Restoril) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Recent research also suggests that the use of benzodiazepines to treat insomnia may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Ongoing prescribing is not medically necessary.