

<b>Case Number:</b>	CM15-0031804		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 48-year-old male, who sustained an industrial injury on 3/5/1998. The mechanism of injury was not provided for review. Diagnoses include lumbar degenerative disc disease, left hip and cervical degenerative disc disease, chronic pain syndrome, insomnia, depression, anxiety and panic disorders, Treatments to date include epidural steroid injection, physical therapy, back brace and medication management. A progress note from the treating provider dated 1/5/2015 indicates the injured worker reported mid and low back pain and left hip pain. On 2/4/2015, Utilization Review non-certified the request for Restoril 30 mg #30 and modified the request for Talwin #240 to #180 and Tramadol 50 mg #90 to #38, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30 mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia treatment.

**Decision rationale:** The patient presents with low back pain and psyche problems such as depression and anxiety. The request is for Restoril 30mg #30. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." In this case, the treater requested "Restoril for pain and depression." The utilization review letter on 02/04/15 indicates that the patient had been on Benzodiazepines for 3 months. The patient presents with insomnia for which Restoril may be indicated, but this medicine is not recommended for a long-term use. The requested Restoril IS NOT medically necessary.

**Talwin Qty 240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Drug Formulary, Pentazocine (Talwin/Talwin NX).

**Decision rationale:** The patient presents with low back pain and psyche problems such as depression and anxiety. The request is for TALWIN #240. The patient is currently taking Talwin, Cymbalta, Tramadol and Lyrica. The patient has been utilizing Talwin since at least 06/30/14. ODG guidelines, under Drug Formulary, Pentazocine (Talwin/Talwin NX), does not recommend Talwin for the treatment of chronic pain. There is no evidence that supports the addition of pentazocine (Talwin) to decrease side effects from opioids, and see Opioids, Mixed agonists-antagonists, where it says that mixed agonists-antagonists, including butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin), have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. In this case, the treater requested Talwin for pain. There is no documentation regarding this medication's efficacy. ODG guidelines do not support Talwin for chronic pain. Therefore, the requested Talwin IS NOT medically necessary.

**Tramadol 50 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain and psyche problems such as depression and anxiety. The request is for TRAMADOL 50MG #90. The patient is currently taking Talwin, Cymbalta, Tramadol and Lyrica. The patient has been utilizing Tramadol since at least 06/30/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater documents analgesia with pain going from 8/10 to 5/10. However, all 4 A's including ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Tramadol IS NOT medically necessary.