

Case Number:	CM15-0044712		
Date Assigned:	03/17/2015	Date of Injury:	06/01/2001
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 6/1/2001. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as having cervical spine arthritis, lumbago, cervicgia and myofascial pain syndrome. Treatment to date has included surgery, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/12/2015 indicates the injured worker reported neck pain and low back pain with lower leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are lumbago, low back pain; cervical pain/cervicalgia; and post laminectomy syndrome. Documentation from 2009 indicates the injured worker was taking Duragesic, Norco and Soma. Documentation 2011 shows the injured worker was taking MS Contin, Norco, Soma and Ambien. Documentation 2012/2013 shows the injured worker is taking Duragesic, MS Contin, and Norco. Progress note dated March 14, 2013 shows the injured worker is taking Duragesic, MS Contin, Norco, Restoril and Soma. The most recent progress note dated January 12, 2015 provides subjective symptoms that include low back pain, neck pain, bilateral shoulder pain with a VAS scale of 6/10 with medications. The injured worker continues to complain of insomnia. Medications include Duragesic 50 mcg, MS Contin ER 30 milligrams, Norco 10/325 mg six tablets per day. There are no risk assessments in the medical record. There are no detailed pain assessments of the medical record. There is no documentation indicating objective functional improvement. Additionally, the injured worker has continued 6/10 pain on the VAS scale despite the use of three opiate medications taken concurrently. Consequently, absent compelling clinical documentation with objective functional improvement with the concurrent use of Duragesic and MS Contin ER, Norco 10/325 mg #180 is not medically necessary.

Restoril 30mg #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg #30 with two refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. Restoril (temazepam) according to the Official Disability Guidelines is not recommended. In this case, the injured worker's working diagnoses are lumbago, low back pain; cervical pain/cervicalgia; and post laminectomy syndrome. Documentation from 2009 indicates the injured worker was taking Duragesic, Norco and Soma. Documentation 2011 shows the injured worker was taking MS Contin, Norco, Soma and Ambien. Documentation 2012/2013 shows the injured worker is taking Duragesic, MS

Contin, and Norco. Progress note dated March 14, 2013 shows the injured worker is taking Duragesic, MS Contin, Norco, Restoril and Soma. The most recent progress note dated January 12, 2015 provides subjective symptoms that include low back pain, neck pain, bilateral shoulder pain with a VAS scale of 6/10 with medications. The injured worker continues to complain of insomnia. Medications include Duragesic 50g, MS Contin ER 30 milligrams, Norco 10/325 mg six tablets per day. The treating physician has prescribed Restoril as far back as March 14, 2013. Restoril is not recommended according to the Official Disability Guidelines. Benzodiazepines, in general, are not recommended for long-term use (longer than two weeks). The injured worker has continued complaints of insomnia and no objective functional improvement with Restoril use. Consequently, absent compelling clinical documentation with objective functional improvement in contravention of the recommended guidelines with treatment for approximately 2 years, Restoril 30 mg #30 with two refills is not medically necessary.