

<b>Case Number:</b>	CM15-0049200		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/01/2003
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Washington

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 52-year-old female who reported injury on 02/01/2003. The mechanism of injury was repetitive motion. The injured worker was noted to be treated for complex regional pain syndrome. The injured worker had been treated with medications, physical and occupational therapy, cubital tunnel release of the left elbow x2, right carpal tunnel release, left carpal tunnel release x2, stellate ganglion blocks and activity modification. The documentation of 02/10/2015 revealed the injured worker had 40% improvement with medications. The injured worker denied heartburn, nausea and hematemesis, vomiting or diarrhea. The injured worker indicated she had constipation that was controlled with senna. The injured worker medications included Norco 10/325 mg 2 tablets every 6 hours and methadone 10 mg 5 tablets every 8 hours. Other medications included temazepam 15 mg 1 to 2 tablets at bed time and Valium 10 mg 0.5 to 1 tablet 3 times a day as needed for spasms. The documentation indicted the injured worker stayed active with self-care, general daily activity, stretching and light household chores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15 MG Take 1-2 Pills by Mouth at Bedtime #120 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. The clinical documentation submitted for review failed to provide documentation of exceptional factors. There was a lack of documentation indicating a necessity for 2 benzodiazepines. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for temazepam 15 mg take 1-2 pills by mouth at bedtime #120 with 1 refill is not medically necessary.

**Valium 10 MG 1 or 2 Tabs By Mouth At Bedtime #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There was a lack of documentation of efficacy for the requested medication. There was a lack of documentation indicating a necessity for 2 benzodiazepines. Given the above, the request for valium 10 mg 1 or 2 tabs by mouth at bedtime #90 is not medically necessary.

**Methadone 10 MG Take 5 Tabs By Mouth Every 8 Hours (MED 1800) #460 with No Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation

submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. Additionally, the daily morphine equivalent dosing would be 1880 mg which far exceeds the guideline recommendation of a maximum of 120 mg. There was a lack of documentation of exceptional factors to warrant nonadherence of guideline recommendations. Given the above, the request for methadone 10 mg take 5 tabs by mouth every 8 hours (med 1800) #460 with no refills is not medically necessary.

**Norco 10/325 MG 2 Tabs Every 6 Hours As Needed for Pain #240 (MED 80): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. Additionally, the daily morphine equivalent dosing would be 1880 mg which far exceeds the guideline recommendation of a maximum of 120 mg. There was a lack of documentation of exceptional factors to warrant nonadherence of guideline recommendations. Given the above, the request for Norco 10/325 mg 2 tabs every 6 hours as needed for pain #240 (med 80) is not medically necessary.