

<b>Case Number:</b>	CM14-0123694		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who has submitted a claim for cervical spine degenerative disc disease with radiculopathy, cervical spine facet arthrosis, and carpal tunnel syndrome status post bilateral carpal tunnel release associated with an industrial injury date of 03/29/2005. Medical records from 2008 to 2014 were reviewed. The patient complained of neck pain and right arm pain. Intake of medications provided symptom relief and allowed her to work under modified duties. Physical examination of the cervical spine showed spasm, tenderness, and decreased range of motion. Facet tenderness was noted. Both Tinel's and Phalen's tests were positive at the right. Durkin compression test was likewise positive. Examination of the right shoulder showed tenderness, positive impingement sign and painful range of motion. Treatment to date has included bilateral carpal tunnel release, cervical epidural steroid injection, physical therapy, activity restrictions, use of a TENS unit, and medications such as Norco (since 2007), Motrin, temazepam (Restoril) since 2012, Ambien, Soma, and topical creams. Utilization review from 07/22/2014 denied the retrospective request for Hydrocodone/APAP DOS:1/30/12 because of no medical record corresponding to the request date; denied Retrospective request for Hydrocodone/APAP DOS: 2/12/14, Retrospective request for Hydrocodone/APAP DOS:3/13/14, Retrospective request for Hydrocodone/APAP DOS:4/14/14, and Prospective request for Hydrocodone/APAP because of no objective functional improvement from medication use and no urine drug screening submitted; denied Retrospective request for Lorazepam DOS:2/12/14, Retrospective request for Lorazepam DOS:3/12/14, Lorazepam DOS:4/14/14, and Prospective request for Lorazepam because of persistent pain despite medication use; and denied Retrospective request for Temazepam DOS:2/12/14, Retrospective request for Temazepam DOS:3/12/14, Retrospective request for Temazepam DOS:4/10/14, and

Prospective request for Temazepam because of no documented failed trial of first-line therapy and long-term use of benzodiazepine was not recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Hydrocodone/APAP (Date of Service: 1/30/12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on hydrocodone/apap since 2007. However, the medical records from request date of 2012 did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. No urine drug screening was likewise submitted. Therefore, the retrospective request was not medically necessary.

#### **Retrospective request for Lorazepam (Date of Service: 2/12/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 6/10/14)

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

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, there was no progress report submitted documenting lorazepam prescription. It was likewise unclear why a simultaneous temazepam had been requested. The medical necessity cannot be established due to insufficient information. Therefore, the retrospective request was not medically necessary.

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**Retrospective request for Hydrocodone/APAP (Date of Service: 3/13/14): Upheld**

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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

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**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, there was no progress report submitted documenting lorazepam prescription. It was likewise unclear why a simultaneous temazepam had been requested. The medical necessity cannot be established due to insufficient information. Therefore, the retrospective request was not medically necessary.

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