MAXIMUS Federal Services

Case Number:	CM14-0160709		
Date Assigned:	10/06/2014	Date of Injury:	10/04/2012
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 44-year-old female was involved in a motor vehicle accident 10-4-2012. She developed low back pain radiating to the left buttocks and neck pain radiating to the left shoulder. She began to complain of trouble sleeping on May 13 of 2013. Trazodone was initially prescribed but discontinued after stomach trouble. This was followed by Ambien and then Lunesta and finally Temazepam was prescribed 6-3-2014. Tramadol was prescribed for pain beginning in February 2014. Pain levels remained more or less constant despite tramadol and acupuncture treatments. The physical exam reveals diminished cervical range of motion with tenderness to palpation of the paraspinal musculature. The upper extremity neurologic exam is normal. The thoracic spine reveals tenderness to palpation of the paraspinal musculature and diminished range of motion. The lumbar spine reveals tenderness to palpation of the paraspinal musculature and spinous processes from L3-L5. There is tenderness to palpation over the sacred leg joints and diminished lumbar range of motion. The diagnoses include lumbosacral sprain, cervicalgia, sacroiliac joint sprain, herniated lumbar and cervical discs without myelopathy, and posttraumatic sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #120 with 1 refill: 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): 74-96.

Decision rationale: For those requiring opioid therapy there should be ongoing monitoring of pain relief, functionality, adverse medication effects, and any aberrant drug taking behavior. Questions regarding pain relief should include average pain scores, worst pain levels, least pain levels, duration of analgesia from pain medication, and time for analgesia to occur from pain medication. Opioids should be discontinued if there is no improvement in functionality as a consequence of taking the medication. In this circumstance, there is no evidence from the submitted record that the tramadol is at all effective for the injured worker's pain and there seems to be no evidence of improved functionality. Therefore, 1 prescription of Tramadol 50mg #120 with 1 refill is not medically necessary. The treating physician should continue the weaning as already recommended in a previous review.

1 prescription of Temazepam 30mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia Treatment

Decision rationale: The treatment of insomnia is recommended to be treated based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. With regard to chronic insomnia, there are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e., 4 weeks) of insomnia; therefore more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning (1) Benzodiazepines: FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) 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 (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. In this

instance, the use of Temazepam has clearly exceeded the recommendations for use for 4 weeks or less .Because of the risk for tolerance, dependence, and adverse effects, Temazepam 30mg #30 with 1 refill is not medically necessary. The treating physician should consult established weaning protocols for benzodiazepines.