

Case Number:	CM14-0170201		
Date Assigned:	10/20/2014	Date of Injury:	10/19/2000
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is more than 10 years status post work-related injury and underwent a lumbar spine fusion in September 2013 without reported improvement. Treatments included post-operative physical therapy. He is being evaluated for possible additional surgery. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain and control of inflammation. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg: Upheld

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

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

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for neck pain radiating into the upper extremities and shoulder pain. Medications include opioids at an average daily total morphine equivalent dose of 255 mg per day with ongoing reported high pain levels. He has a pseudoarthrosis at C6-7 and revision surgery has been requested. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore the request is not medically necessary.

In-Patient Hospital Chronic Pain Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs)

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for neck pain radiating into the upper extremities and shoulder pain. Medications include opioids at an average daily total morphine equivalent dose of 255 mg per day with ongoing reported high pain levels. He has a pseudoarthrosis at C6-7 and revision surgery has been requested. Inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who don't have the minimal functional capacity to participate effectively in an outpatient program, have medical conditions that require more intensive oversight, are receiving large amounts of medications necessitating medication weaning or detoxification, or have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. Criteria for participation include that there is an absence of other options likely to result in significant clinical improvement. In this case, further surgery is being recommended for the treatment of a cervical spine pseudoarthrosis. This surgery would be expected to have the potential to result in a significant clinical improvement. Therefore, the requested inpatient pain program is not medically necessary at this time.