MAXIMUS Federal Services

Case Number:	CM14-0180376		
Date Assigned:	11/05/2014	Date of Injury:	07/14/2011
Decision Date:	12/17/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/30/2014

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 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 45 year-old male with date of injury 07/14/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/14/2014, lists subjective complaints as pain in the low back with radicular symptoms to the buttocks. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles overlaying the bilateral L4-5 and L5-S1 facet joints. Lumbar spams were positive in the low back. Range of motion was restricted in all planes due to pain. Sustained hip flexion was positive bilaterally. Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus were all positive. Muscle strength was 5/5 in all limbs. Diagnosis: 1. Sacroiliac joint pain 2. Bilateral Sacroiliitis 3. Status post bilateral L4-5 and L5-S1 radiofrequency nerve ablation 4. Positive diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medial branch block 5. Bilateral lumbar facet joint pain at L4-5, L5-S1 6. Lumbar facet joint arthropathy 7. Lumbar degenerative disc disease 8. Central disc protrusion L3-4, L4-5, L5-S1 9. Chronic low back pain. Original reviewer modified medication requests to Norco 10/325mg, #60 and Temazepam 30mg, #14 for weaning purposes. The medical records supplied for review document that the patient has been taking Norco for at least as far back as six months. Patient was first prescribed Temazepam on 10/14/2014. Medications: 1. Norco 10/325mg, #120 SIG: p.o. q.i.d.; 2. Temazepam 30mg, #30 SIG: 1 tab p.o. q.h.s. p.r.n.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term use of Opioids (6 months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. In addition, a previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of the narcotic. Norco 10/325mg #120 is not medically necessary.

Temazepam 30mg #30: Upheld

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

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), Benzodiazepines

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The patient has been taking Temazepam for at least 6 months. Temazepam 30mg #30 is not medically necessary.