

<b>Case Number:</b>	CM14-0210325		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/16/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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  
 Certification(s)/Specialty: Internal Medicine

### 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 an injured worker with a history of neck and shoulder complaints. The physical medicine and rehabilitation dated December 13, 2007 documented a history of discogenic disc disease of the cervical spine, degenerative joint disease of the cervical spine, severe pain of the neck, severe pain of bilateral shoulders, status post traumatic brain injury, and status post cognitive deficits. The mechanism of injury was a fall. Date of injury was August, 16, 2000. The progress report dated November 24, 2014 documented subjective complaints of neck and bilateral shoulders pain. Medical history included depression and shoulder arthroscopy. Medications included Restoril, Norco 10-325 mg, and Kadian 20 mg. Physical examination was documented. The patient was interactive, cognitively intact with clear coherent speech. There is no evidence of overmedication, sedation, or withdrawal symptoms. Head was normocephalic and atraumatic, and he ambulates with steady gait without use of assistive devices. No clubbing, cyanosis, edema, or deformity was noted. Findings included alert, cooperative, calm, happy mood and affect, normal attention span and concentration. Skin was warm, dry, and intact without abrasions, ecchymosis, erythema, lacerations, lesions, rashes, or ulcerations. Diagnoses were chronic pain syndrome, neck pain, degenerative disc disease, degenerative joint disease, shoulder pain, depression, anxiety, testosterone deficiency. Treatment plan was documented. Kadian, Norco, and Restoril were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg Refills 1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Restoril (Temazepam), Benzodiazepines

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. Official Disability Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Official Disability Guidelines states that Restoril (Temazepam) is not recommended. Medical records indicate the long-term use of Restoril. Long-term use of benzodiazepines is not supported by MTUS guidelines. Official Disability Guidelines indicates that Restoril (Temazepam) is not recommended. Therefore, the request for Restoril 30mg with 1 refill is not medically necessary.

**Norco 10-325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 181-183; 212-214; 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. No musculoskeletal physical examination was documented in the progress report dated November 24, 2014. No pain or neurologic deficits were documented on physical examination. Norco is a schedule II

Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco 10/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 10-325mg #90 is not medically necessary.

**Kadian 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 181-183; 212-214; 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. No musculoskeletal physical examination was documented in the progress report dated November 24, 2014. No pain or neurologic deficits were documented on physical examination. Kadian (Morphine Sulfate) is a schedule II medication. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Kadian (Morphine Sulfate) is not supported by MTUS and ACOEM guidelines. Therefore, the request for Kadian 20mg #60 is not medically necessary.