

Case Number:	CM14-0219072		
Date Assigned:	01/09/2015	Date of Injury:	10/31/2005
Decision Date:	03/06/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	12/31/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial injury on 10/31/2005. She reported lower back pain and was diagnosed with sacroiliitis and lumbo-sacral neuritis. Treatment to date, from the records provided, has included medication management (including amitriptyline and temazepam). Currently, the worker complains of pain in the right lower back, leg and foot. She noted that the anitriptyline had helped with the right sided pain. A PHQ-9 depression index qas administered revealing moderately severe depression symptoms. She was trying to quit smoking at the time. The treatment plan included Norco, 325/10 mg, Temazepam 15mg #30 and Amitriptyline HCL 10mg #60 with 2 refills and an epidural steroid injection. On 12/16/2014, Utilization Review modified the request for Temazepam to #15 and Amitriptyline HCL to #30 with no refills and non-certified the Norco noting the lack of medical necessity in the documentation provided. The MTUS was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of Norco, 325/10 mg, Temazepam 15mg #30 and Amitriptyline HCL 10mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was some evidence to suggest the temazepam was given to the worker to help her sleep, however, insufficient reporting on her sleep and other symptoms related to this medication, including side effects, was included in the documentation available for review. Regardless, this medication class is not recommended for chronic use, and therefore the temazepam will be considered medically unnecessary to continue. Weaning may be necessary.

Amitriptyline Hydrochloride 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted.