

Case Number:	CM15-0001958		
Date Assigned:	01/13/2015	Date of Injury:	02/26/1986
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 02/26/1986. The mechanism of injury was unspecified. The relevant diagnoses include failed laminectomy syndrome, irritable bowel syndrome, spastic colon, abdominal pain, and lumbar disc degenerative joint disease. Past treatments included medication management, psychiatric care, and medications. On 12/04/2014, the injured worker complained of ongoing back pain and abdominal pain. The injured worker stated he receives 50% reduction in pain, 50% functional improvement with activities of daily living with the medications. The physical examination revealed limited range of motion in the low back, with flexion at 30 degrees, and extension at 10 degrees. The injured worker's motor, sensation, deep tendon reflexes were indicated to be grossly intact in the lower extremities. However, he had a bilateral straight leg raise at 80 degrees, causing back pain that were nonradiating. His relevant medications were noted to include Norco 10/325, Xanax 0.5 mg, desipramine 100 mg, loperamide 2 mg, Risperdal 0.5 mg, Paxil 30 mg, ranitidine 150 mg, Prevacid 30 mg, and temazepam 30 mg. The treatment plan included Temazepam 30 mg #30 and Norco 10/325 mg #140. A rationale was not provided for review. A Request for Authorization form was submitted on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 MG #30: 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 rationale: The request for Temazepam 30 mg #30 is not medically necessary. According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use as its long-term efficacy is unproven and has a risk of dependence. Furthermore, the guidelines limit the use to 4 weeks. The injured worker was indicated to have been Temazepam for an unspecified duration of time. However, due to the guidelines not recommending long term use of benzodiazepines, with a limit of no more than 4 weeks, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Norco 10/325 MG #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #140 is not medically necessary. According to the California MTUS Guidelines, patients on opioid regimens should have documentation of objective functional improvement, objective decrease in pain, evidence of monitoring for aberrant drug related behaviors, and any side effects incurred due to medication use. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regards to monitoring for pain relief, side effects, objective functional improvement, and evidence of monitoring for aberrant drug-related behaviors to include a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.