

Case Number:	CM15-0002452		
Date Assigned:	02/12/2015	Date of Injury:	04/20/1999
Decision Date:	06/30/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 66 year old female who reported an industrial injury on 4/20/1999. Her diagnoses, and/or impressions, are noted to include: obesity - industrial; chronic low back pain with bilateral lower extremity radiculopathy, status-post lumbar surgery (12/1999); and depression with insomnia. No current electrodiagnostic studies or imaging studies are noted. Her treatments have included a supplemental medical-legal qualified medical evaluation in internal medicine and rheumatology, with report on 7/19/2014; progressive physical activity; medication management with urine drug screenings; and rest from work. The progress notes of 7/2/2014 reported that overall she was doing a little better, from the benefit of utilizing her medications faithfully, resulting in better spirits. The objective findings were noted to include some weight loss; a basically normal review of systems; and a review of her current, effective, medication regimen. The physician's requests for treatments were noted to include the continuation of her Butrans patches and Temazepam.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines; Mental Illness & Stress, Sedative hypnotics; Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia treatment. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, insomnia treatment Recommend that treatment be based on the etiology, with the medications recommended below. See also Insomnia. For more detail on Insomnia treatment, see the Mental Chapter. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. There is no recent documentation that the patient is suffering from insomnia. There is no documentation that secondary causes of insomnia were excluded. There is no documentation that the patient tried first line non pharmacological treatment of her insomnia. Therefore, Temazepam 15mg #30 is not medically necessary.

Butrans 5mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should

affect therapeutic decisions and provide a framework. According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no recent documentation of recent opioid addiction. Therefore, the request for Butrans 5mcg/hr #4 is not medically necessary.