

Case Number:	CM15-0128444		
Date Assigned:	07/15/2015	Date of Injury:	10/16/2000
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/03/2015

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 52 year old male, who sustained an industrial injury on October 16, 2000. He reported loss of vision for a few seconds and immediate onset of neck, back and right shoulder pain. The injured worker was diagnosed as having a head injury, right shoulder strain and cervical, thoracic and lumbar spine strain. Treatment to date has included physical therapy, x-rays, MRI, surgery, CT scan, chiropractic care, epidural steroid injection(s) and psychological care. Currently, the injured worker complains of constant neck pain that radiates down his upper extremities bilaterally and is aggravated by activity and walking. He reports low back pain that radiated down both lower extremities. The pain is exacerbated by activity and walking. He reports experiencing headaches, insomnia and difficulty engaging in activities of daily living. He rates his pain at 7-8 on 10 with medication and 10 on 10 without it. The injured worker is diagnosed with cervical radiculitis, post cervical spinal fusion, lumbar radiculitis, post lumbar spine fusion, headaches, chronic pain, post right shoulder surgery (x3), major depressive disorder (single episode unspecified), panic disorder, unspecified neurocognitive disorder and psychological factors affecting medical conditions. His work status is temporary total disability. A note dated July 27, 2011 states the epidural injections were not helpful. In a note dated 6/3/15 it states that the injured worker is experiencing efficacy with Temazepam. He is able to fall and stay asleep. He reports without Temazepam he would take hours to fall asleep and then wake after approximately one hour of sleep and is unable to fall back to sleep. The note also states that the injured worker is achieving functional improvement due to the medication management sessions. His symptoms of depression have improved, he is less restless and is able to relax, his

feeling of panic has lessened and his sleep regimen has improved. Due to the improvement in his sleep regimen, Temazepam 15 mg #60 with 2 refills is requested. There is improvement noted with the initiation of medication management sessions therefore; a request for continued unknown medication management sessions for the medication refills or adjustments every two months for the next year is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities. The request is for TEMAZEPAM 15MG #60 WITH 2 REFILLS. The request for authorization is not provided. Physical examination of the cervical reveals spinal vertebral tenderness in the cervical spine C5-7. There was occipital tenderness upon palpation bilaterally. The range of motion of the cervical spine was severely limited due to pain. Sensory examination shows decreased sensation in the bilateral upper extremities, and the affected dermatome is C6-7. Examination of the lumbar reveals tenderness upon palpation in the spinal vertebral area L4-S1 levels. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in bilateral lower extremities. Motor exam shows decreased strength of the bilateral lower extremities. Straight leg raise was positive bilaterally at 70 degrees. The patient has ongoing headaches. Insomnia associated with ongoing pain, associated with anxiety. Tremors from severe pain. The pain is rated 7-8/10 with and 9-10/10 without medications. The patient reports chronic, GERD related, medication associated gastrointestinal upset. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self care & hygiene, activity, ambulation, hand function, sleep and sex. The patient reports that the use of current medication is helpful. Due to a reduction in depression and anxiety caused largely by the medications, there has been increased interest in daily activities such as brushing his teeth, combing his hair, shaving and bathing regularly. In addition, the patient's sleep disturbance has improved with better sleep. He feels less tired during the day. He is less panicky. Despite this psychological improvement, the patient has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, panic and insomnia and stress-intensified headache, neck/shoulder/back muscle tension/pain, nausea, shortness of breath, chest pain, palpitations, peptic acid reaction and diarrhea. Per progress report dated 06/22/15, the patient is not working. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Per progress report dated 06/03/05, treater's reason for the request is it "helps him sleep." The patient has been prescribed Temazepam since at least 09/29/14. However, MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. Furthermore, the request for additional Temazepam #60 with 2 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Unknown medication management sessions for medication refills or adjustments every 2 months for the next year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic chapter, under Psychological treatment.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities and low back pain radiating down the bilateral lower extremities. The request is for UNKNOWN MEDICATION MANAGEMENT SESSIONS FOR MEDICATION REFILL OR ADJUSTMENTS EVERY 2 MONTHS FOR THE NEXT YEAR. The request for authorization is not provided. Physical examination of the cervical reveals spinal vertebral tenderness in the cervical spine C5-7. There was occipital tenderness upon palpation bilaterally. The range of motion of the cervical spine was severely limited due to pain. Sensory examination shows decreased sensation in the bilateral upper extremities, and the affected dermatome is C6-7. Examination of the lumbar reveals tenderness upon palpation in the spinal vertebral area L4-S1 levels. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in bilateral lower extremities. Motor exam shows decreased strength of the bilateral lower extremities. Straight leg raise was positive bilaterally at 70 degrees. The patient has ongoing headaches. Insomnia associated with ongoing pain, associated with anxiety. Tremors from severe pain. The pain is rated 7-8/10 with and 9-10/10 without medications. The patient reports chronic, GERD related, medication associated gastrointestinal upset. The patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care & hygiene, activity, ambulation, hand function, sleep and sex. The patient reports that the use of current medication is helpful. Due to a reduction in depression and anxiety caused largely by the medications, there has been increased interest in daily activities such as brushing his teeth, combing his hair, shaving and bathing regularly. In addition, the patient's sleep disturbance has improved with better sleep. He feels less tired during the day. He is less panicky. Despite this psychological improvement, the patient has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, panic and insomnia and stress-intensified headache, neck/shoulder/back muscle tension/pain, nausea, shortness of breath, chest pain, palpitations, peptic acid reaction and diarrhea. Per progress report dated 06/22/15, the patient is not working. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per progress report dated 06/03/15, treater's reason for the request is "Despite this psychological improvement, [the patient] has remained symptomatic with residuals requiring further treatment. It should be further noted that these maintenance medications would be required for the foreseeable future." In this case, given the patient is improving with the Medication Management Sessions, further treatment appears to be reasonable. Per progress report dated 06/03/15, treater states, "At present, the plan would be to review [patient's] medications with medication management sessions every three months." The treater's plan to review the patient's medication every three months appears to be reasonable and

within guideline indications. However, the treater does not explain or discuss the request for one year of medication management sessions. ODG recommends sessions provided progress is being made and the provider should evaluate symptom improvement during the process. Therefore, the request IS NOT medically necessary.