

<b>Case Number:</b>	CM15-0129270		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 16, 2006. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for tramadol, Neurontin, and temazepam (Restoril). The claims administrator referenced a February 5, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 9, 2015, Mobic, tramadol, Neurontin, and Restoril were endorsed. In an associated handwritten progress note dated June 3, 2015, the applicant reported ongoing complaints of low back pain, 8/10 without medications versus 4/10 with medications. The note was very difficult to follow and not entirely legible. The attending provider noted that the applicant had undergone earlier failed lumbar spine surgery. Constant, throbbing, burning, and aching pain were reported. Mobic, tramadol, Neurontin, and temazepam were renewed while the applicant was asked to remain off work until "further notice." On February 5, 2015, the applicant was asked to continue Mobic, tramadol, Neurontin, and temazepam. 6-7/10 pain complaints were noted on this date. No seeming discussion of medication efficacy transpired at this point. It was not clearly stated whether temazepam (Restoril) was being employed for sedative effect, anxiolytic effect, or for antispasmodic effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #220:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was reported on June 3, 2015, at which point it was stated that the applicant would remain off work until "further notice." While the attending provider did recount a reduction in pain scores reportedly effected as a result of ongoing medication consumption on June 3, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantiate improvements in function (if any) effected as a result of ongoing tramadol usage via his multiple handwritten progress notes of early and mid 2015. Therefore, the request was not medically necessary.

**Neurontin 300mg #220:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

**Decision rationale:** Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, multiple handwritten progress notes, referenced above, of early to mid 2015, failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Neurontin usage. The fact that the applicant remained off work, coupled with the fact that ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Tramadol or benzodiazepine agents such as temazepam, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Temazepam 30mg #30 with 3 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:** Finally, the request for temazepam (Restoril), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Medical Treatment Guidelines, benzodiazepines such as temazepam (Restoril) are not recommended for long-term use, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect, with most guidelines limiting usage of benzodiazepines to four weeks. Here, it was incidentally noted that the attending provider did not state for what issue, diagnosis, and/or purpose temazepam had been employed. The attending provider's prescription for 30 tablets of temazepam with three refills, furthermore, represented treatment in excess of the four-week limit suggested of benzodiazepine usage on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.