

Case Number:	CM15-0176681		
Date Assigned:	09/17/2015	Date of Injury:	11/01/1999
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55 year old female, who sustained an industrial injury on 11-1-1999. The medical records indicate that the injured worker is undergoing treatment for degenerative disc disease of the cervical spine with radiculopathy, degenerative disc disease of the lumbar spine with radiculopathy, cervical stenosis, lumbar stenosis, and multi-level disc herniations of the cervical and lumbar spine. According to the progress report dated 6-3-2015, the injured worker complains of neck and low back pain. In regards to her neck, she complains of constant, aching and stabbing pain in the neck with increased radiation of pain into the left side of her face. She notes that she has radiating pins and needles sensation down her bilateral upper extremities into her fingertips, left greater than right. She reports frequent headaches which radiate from the base of her skull to her bilateral eyes. In regards to her low back, she complains of intermittent, sharp pain across the belt line, left worse than right. She reports constant, stabbing pain down her bilateral lower extremities to her toes. She also notes intermittent radiating numbness down her bilateral lower extremities to her toes. In addition, she reports difficulty sleeping due to the increased pain, noting 30 minutes to 1 hour of sleep. She rates her neck pain 10 out of 10 and her low back pain 8 out of 10 on a subjective pain scale. The physical examination of the cervical spine reveals decreased sensation over the bilateral C5 and right C6 dermatomes. She has weakness (4 out of 5) in the bilateral deltoid, biceps, and right wrist extensor. Examination of the lumbar spine reveals antalgic gait, tenderness to palpation, greater on the right side with guarding, limited range of motion in all planes, decreased sensation over the bilateral L4, L5, and left S1 dermatome, and positive straight leg raise on the left. The current medications are

Norco (70% relief for 3-4 hours) and Temazepam (minimal improvement with sleep). She reports her pain is decreased by 50-60% with these medications. There is documentation of ongoing treatment with Norco and Restoril since at least 2014. Treatment to date has included medication management, physical therapy (moderate relief), home exercise program, chiropractic (moderate relief), acupuncture (moderate relief), and epidural steroid injection (relief for 5-6 months). Work status is described as permanent and stationary. The original utilization review (8-18- 2015) had non-certified a request for Norco and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are DDD cervical spine with radiculopathy; DDD lumbar spine with radiculopathy; cervical stenosis; lumbar stenosis; and multilevel disc herniations cervical and lumbar spine. Date of injury is November 1, 1999. Request for authorization is August 10, 2015. According to a December 19, 2014 progress note, current medications include Norco 10/325mg and Temazepam. According to an August 7, 2015 progress note, the injured worker's subjective complaints include low back pain and bilateral upper extremities and lower extremity complaints 10/10. The injured worker has difficulty-sleeping secondary to pain and sleeps approximately one hour. Medications include Norco 10/325mg, Temazepam, Ultracet, and Elavil. The treatment plan states increased Norco from one every six hours to one every 4 to 6 hours. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. The documentation does not demonstrate objective functional improvement to support ongoing Norco. As noted above, subjective complaints noted increased pain and the pain score is 10/10. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a pain score of 10/10 with sleep difficulties (approximate sleep one hour per night) and no documentation demonstrating objective functional improvement with Temazepam, Norco 10/325mg # 150 is not medically necessary.

Restoril 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 15 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are DDD cervical spine with radiculopathy; DDD lumbar spine with radiculopathy; cervical stenosis; lumbar stenosis; and multilevel disc herniations cervical and lumbar spine. Date of injury is November 1, 1999. Request for authorization is August 10, 2015. According to a December 19, 2014 progress note, current medications include Norco 10/325mg and Temazepam. According to an August 7, 2015 progress note, the injured worker's subjective complaints include low back pain and bilateral upper extremities and lower extremity complaints 10/10. The injured worker has difficulty-sleeping secondary to pain and sleeps approximately one hour. Medications include Norco 10/325mg, Temazepam, Ultracet, and Elavil. The injured worker sleeps approximately one hour per night. There is no documentation demonstrating objective functional improvement to support ongoing Temazepam. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement with sleep approximating one hour per night, Restoril 15 mg #60 is not medically necessary.