

<b>Case Number:</b>	CM15-0028007		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 54 year old male, who sustained an industrial injury on 11/11/11. He reported pain in neck, bilateral shoulders, left arm and left leg. The injured worker was diagnosed as having status post cervical spine decompression and anterior posterior fusion at C5-7 with significant residuals, bilateral shoulder pain with bilateral upper extremity weakness, deconditioning, impingement syndrome of bilateral shoulders, left lower extremity radiculopathy, neurogenic headaches, insomnia secondary to chronic medication use, gastritis secondary to chronic medication use and anxiety, depression and stress secondary to musculoskeletal injury, pain and surgery. Treatment to date has included physical therapy, cervical spine surgery, activity restrictions and oral medications including opioids. Currently, the injured worker complains of headaches, frequent pain in neck, rated 4-5/10, frequent pain in bilateral shoulders (left greater than right) with numbness and tingling of left upper extremity rated 4-5/10, left arm pain with radiation to shoulder and down to hand rated 4-5/10, intermittent left leg pain with radiation from his hip to foot rated 3/4/10. The injured worker notes his pain is alleviated with pain medications and rest. Physical exam noted well healed surgical incisions over the cervical spine, tenderness to palpation of cervical paravertebral musculature, tenderness on palpation of bilateral shoulders and restricted range of motion due to pain. A request for authorization was submitted for Chlalompram, Tylenol #4, Prosom and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 Qty 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tylenol #4 Qty 90 is not medically necessary or appropriate.

**Prosom 2mg # 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Estazolam (Prosom) is a benzodiazepine indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines. ODG does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic injury. The Prosom 2mg #30 is not medically necessary or appropriate.