

Case Number:	CM15-0063645		
Date Assigned:	04/09/2015	Date of Injury:	03/11/1991
Decision Date:	05/18/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 03/11/1991. He has reported injury to the low back. The diagnoses have included intractable back pain; mechanical back pain; and failed back surgery. Treatment to date has included medications and surgical intervention. Medications have included Percocet, MS Contin, and Temazepam. A progress note from the treating physician, dated 01/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intractable back pain. Objective findings included significant lumbar spine tenderness. The provider noted that the injured worker was able to cope and be reasonable comfortable with analgesic medications. The IW was also noted to be anxious and apprehensive. The treatment plan has included the request for MS Contin 60 mg #84; Percocet 10/325 mg #168; and Temazepam 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to conservative treatment with NSAIDs and PT. The chronic use of high dose opioids can lead to development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The available records did not show that the patient failed treatment with NSAIDs and non-opioid co-analgesics such as anticonvulsants. There is no documentation of guidelines required compliance monitoring such as serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The guidelines recommend utilization of anticonvulsants and antidepressant with analgesic actions for chronic pain patients with co-existing psychosomatic symptoms such as anxiety, depression and mood disorder. The criteria for the use of MS Contin 60mg #84 were not met. The guidelines recommend that patient with psychosomatic symptoms who are on high dose opioids be referred to chronic pain program or addiction centers for safe weaning of opioid medications. The request is not medically necessary.

Percocet 10/325mg #168: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to conservative treatment with NSAIDs and PT. The chronic use of high dose opioids can lead to development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The available records did not show that the patient failed treatment with NSAIDs and non-opioid co-analgesics such as anticonvulsants. There is no documentation of guidelines required compliance monitoring such as serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The guidelines recommend utilization of anticonvulsants and antidepressant with analgesic actions for chronic pain patients with co-existing psychosomatic symptoms such as anxiety, depression and mood disorder. The criteria for the use of Percocet 10/325mg # 168 were not met. The guidelines recommend that patient with psychosomatic symptoms who are on high dose opioids be referred to chronic pain program or addiction centers for safe weaning of opioids. The request is not medically necessary.

Temazepam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short-term periods for the treatment of anxiety or insomnia. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, daytime somnolence, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized temazepam longer than the guidelines recommended maximum period of 4 weeks duration. There is no documentation of comprehensive investigation of treatable causes of insomnia. There is no documentation of guidelines mandated compliance monitoring of serial UDS, absence of aberrant behaviors, CURES data reports and functional restoration. The guidelines recommend that anticonvulsant and antidepressant medications with anxiolytic and analgesic actions be utilized for the treatment of chronic pain patients with psychosomatic symptoms. The criteria for the use of temazepam 15mg were not met. The request is not medically necessary.