

Case Number:	CM15-0066214		
Date Assigned:	04/14/2015	Date of Injury:	03/12/2007
Decision Date:	05/22/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: Family Practice

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 58 year old female, who sustained an industrial injury on March 12, 2007. The injured worker was diagnosed as having chronic nociceptive low back pain and neuropathic lower extremity pain, status post microdiscectomy at L3-L4 on the right and Foraminotomy at L4-L5 on the left, status post anterior L3-L4 and L4-L5 fusion on November 28, 2011, Hepatitis C, insomnia due to pain, depression due to pain, and chronic left L4-L5 radicular injury per electromyography (EMG)/nerve conduction study (NCS) of September 30, 2014. Treatment to date has included TENS, physical therapy, microdiscectomy 2011, acupuncture, caudal epidural steroid injection (ESI), and medication. Currently, the injured worker complains of constant low back pain and left greater than right lower extremity pain, with hypersensitivity over the dorsum of both feet. The Treating Physician's report dated March 4, 2015, noted the injured worker had completed a pre-surgical psychological screening, cleared to proceed with a spinal cord stimulator trial. The injured worker's medications were noted to include ER Morphine, Norco, Gabapentin, Quazepam, and Docusate Sodium/Senna. The injured worker reported her pain as a 4/10 with medications, and a 9/10 without medications on the visual analog scale (VAS). Physical examination was noted to show bilateral paraspinal tenderness from L1 to S1 with 1+ muscle spasms and positive straight leg raise bilaterally. The treatment plan was noted to include continued medications including Morphine ER, Norco, Gabapentin, Docusate Sodium/Senna, Temazepam, Diclofenac SR, and requests for authorization for a spinal cord stimulator trial, transportation to and from the surgery center for the procedure, and Dendracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of benzodiazepines, such as temazepam, as a treatment modality. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. For these reasons, Temazepam is not considered as a medically necessary treatment.

Dendracin lotion #240 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics as a treatment modality. Dendracin lotion is a topical analgesic that is a combination of methyl salicylate/benzocaine and menthol. Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Benzocaine, a component of this topical analgesic is in the same pharmacologic class as lidocaine. The indications for this class of drugs are as follows: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). In this case, there is insufficient documentation that the patient has received an adequate trial of a first-line treatment recommended in the above cited guidelines. Given the lack of documentation of a first-line treatment, Dendracin Lotion is not considered as a medically necessary treatment.

Transportation to and from surgery center: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage of Nonemergency Transportation:https://www.caring.com/medicare_information/medicare-coverage-of-non-emergency-transportation.

Decision rationale: The MTUS and Official Disability Guidelines do not comment on the use of non-emergency transportation to office visits. The appropriate guidelines in this request are the Medicare Guidelines for nonemergency transportation. These guidelines specifically state the following: Neither Medicare Part A nor Medicare Part B covers routine transportation for a patient to or from home in nonemergency situations. However, Medicare Part B sometimes covers nonemergency ambulance transportation between home and a hospital or other place of treatment or diagnosis if the patient's doctor certifies in writing that transportation in something other than an ambulance would endanger the patient's health. In this case there is insufficient documentation to justify the need for transportation to be arranged to and from a surgery center. There is no evidence that other efforts have been taken and failed to work due to some underlying patient issue; that is not defined in the record. Further, there is no documentation that the patient is at risk for harm unless transportation services are arranged. For these reasons, transportation to and from the surgery center is not considered as medically necessary.