

Case Number:	CM15-0090351		
Date Assigned:	05/14/2015	Date of Injury:	10/20/1998
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 (IW) is a 57-year-old male who sustained an industrial injury on 10/20/1998. Diagnoses include cervical and lumbar post laminectomy syndrome, low back pain, lumbar radiculitis and chronic pain syndrome. Treatments to date include medications, physical therapy, home exercise and cervical and lumbar spine surgeries. According to the visit notes dated 4/14/15, the IW reported pain in the right side of the neck that radiates up to the occipital region on the right. He complained of spasms/tremors in the right hand and low back pain. Pain was rated 6/10. On examination, range of motion of the cervical and lumbar spine was limited with tenderness to palpation; spasms were present in the cervical spine. Right hand tremor was also noted. A request was made for Restoril (temazepam) 7.5mg, #60, Oxycodone 10mg, #210 and OxyContin ER 20mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril (Temazepam) 7.5mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This injured worker receives treatment for chronic insomnia and chronic pain syndrome. This relates to an industrial injury dated 10/20/1998. The medical diagnoses include failed cervical laminectomy syndrome and failed lumbar laminectomy syndrome. This review addresses a request for Restoril (temazepam), a benzodiazepine drug. This patient receives treatment for insomnia. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia and can produce side effects such as hallucinations. Addressing sleep hygiene does lead to improvement in restorative sleep. This is not documented. In addition, treatment guidelines recommend searching for treatable causes of sleep disturbance, such as major depression and obstructive sleep apnea (OSA). There is no documentation regarding these and other treatable causes. Temazepam is medically approved in the treatment of insomnia for a limited time usually 2-3 weeks. Using temazepam, or any other benzodiazepine, for prolonged periods of time leads to drug dependence, drug tolerance, and an increase in anxiety. Temazepam is not medically indicated. Therefore, the requested treatment is not medically necessary.

Oxycodone 10mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-87.

Decision rationale: This injured worker receives treatment for chronic insomnia and chronic pain syndrome. This is related to an industrial injury dated 10/20/1998. The medical diagnoses include failed cervical laminectomy syndrome and failed lumbar laminectomy syndrome. This review addresses a request for Oxycodone 10 mg 6-7 a day for chronic pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. The guidelines also warn against exceeding 120 mg of a morphine equivalent dosage (MED). By adding the dose of oxycodone and Oxycontin, the sum is 165 MED, which is much higher than the recommended opioid ceiling. Based on the documentation treatment with Oxycodone is not medically indicated. Therefore, the requested treatment is not medically necessary.

Oxycontin ER 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-87.

Decision rationale: This injured worker receives treatment for chronic insomnia and chronic pain syndrome. This is related to an industrial injury dated 10/20/1998. The medical diagnoses include failed cervical laminectomy syndrome and failed lumbar laminectomy syndrome. This review addresses a request for Oxycontin 20 mg ER 1 every 8 hours. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. The guidelines also warn against exceeding 120 mg of a morphine equivalent dosage (MED). By adding the dose of Oxycontin and Oxycodone, the sum is 165 MED, which is much higher than the recommended opioid ceiling. Based on the documentation, treatment with Oxycontin is not medically indicated. Therefore, the requested treatment is not medically necessary.