

Case Number:	CM13-0007546		
Date Assigned:	06/06/2014	Date of Injury:	08/09/2005
Decision Date:	08/04/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who was injured on August 9, 2005. The injury occurred after a fall while working as a firefighter. A thoracic vertebral mass was found and the patient was diagnosed with multiple myeloma. He was treated for the malignancy with chemotherapy and stem cell transplants. The patient continued to experience pain in his back. Physical examination was notable for tenderness about the thoracic paravertebral muscle. Diagnoses included thoracic compression fracture and multiple myeloma. In additions to chemotherapy and stem cell transplant, treatment included medication and TENS unit. Requests for authorization for unit supplies for pads # 6 months, Carisoprodol 250 mg # 80, Alprazolam 0.5 mg # 120, Naproxem 500 mg # 60, and Tramadol 37.5/325 mg # 100 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNIT SUPPLIES (ONLY): PADS TIMES 6 MONTH SUPPLY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. A one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is no documentation of a TENS unit trial. In this case, there is no documentation of outcomes with regards to pain relief or functional improvement. Criteria for TENS unit use have not been met. The TENS unit is not recommended. Therefore, the request for unit supplies (only): pads, 6 month supply is not medically necessary and appropriate.

PHARMACY PURCHASE OF CARISOPRODOL 250 MG, #80: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. In this case, a withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Therefore, the request for pharmacy purchase of Carisoprodol 250 mg # 80 is not medically necessary and appropriate.

ALPRAZOLAM .5 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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.

Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient had been taking alprazolam since November 2012. The duration surpassed short-term use. Therefore, the request for Alprazolam .5 mg #120 is not medically necessary and appropriate.

NAPROXEN 500 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". NSAID's have not been shown to be more effective than acetaminophen, and have more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. In this case the patient had been taking Naproxen since at least November 2012. He had not obtained analgesia. Increased duration of use increases the risk of adverse effects. Therefore, the request for Naproxen 500 mg, #60 is not medically necessary and appropriate.

TRAMADOL 37.5/325 MG, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been taking the medication since at least November 2012 without obtaining analgesia. In addition there is no documentation that the patient had signed an opioid contract or was participating in urine drug testing. Criteria for long-term opioid use have not been met. Therefore, the request for Tramadol 37.5/325 mg, #100 is not medically necessary and appropriate.

