

Case Number:	CM13-0010843		
Date Assigned:	03/24/2014	Date of Injury:	12/10/2004
Decision Date:	05/20/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 60-year-old female who sustained injuries to the neck and upper extremities on 04/10/04. The records provided for review documented that a 01/28/14 progress report noted ongoing complaints of neck pain with radiating upper extremity pain. It stated that the claimant is being treated with medication management. Physical examination showed no acute findings and the neurologic examination was noted to be unchanged with equal and symmetrical upper extremity reflexes, 4/5 strength to the left deltoid, palpable myofascial tenderness to the trapezius and cervical paravertebral musculature. The claimant's working diagnosis was cervical spondylosis, opioid dependency, spinal stenosis and underlying degenerative change. Recommendation was made to continue medications of Norco, MS Contin, Soma, Lunesta, Paxil, Ibuprofen and Klonopin. The records did not contain any imaging reports. Previous utilization review of 07/15/13 recommended non-certification of Soma, Norco, MS Contin, Lunesta and Benadryl with weaning periods of narcotic provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®) and Muscle relaxants Page(s): 29,65.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend the continued use of Soma. The medical records document that this claimant was given a weaning period of Soma in July of 2013. The documentation indicating that the claimant has chronic changes to the cervical spine with pain would not support the use of this medication. The MTUS guidelines do not recommend the use of Soma in the chronic setting and there is no documentation within the records for review that indicates this claimant is an exception to the guideline. The continued use of the agent would not be supported as the claimant has already received appropriate weaning dosages. As such, the request is not certified.

NORCO 10/325MG, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco and Opioids-Criteria for Use Page(s): 76-80,91-94.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend the continued use of Norco. The claimant was given appropriate weaning doses through the last utilization review process. At this stage in the claimant's chronic course of care with no documentation of improvement or benefit with Norco, the specific request for continuation of the medication would not be supported. As such, the request is not certified.

MS CONTIN 30MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MS Contin and Opioids-Criteria for Use Page(s): 76-80,91-94.

Decision rationale: The CA MTUS Chronic Pain Guidelines also do not support the continued use of MS Contin. Appropriate weaning doses of this medication were provided at the last review. There is no apparent change in the claimant's clinical presentation at the time of the January 2014 assessment. Therefore, the ongoing use of this narcotic analgesic would not be supported. As such, the request is not certified.

LUNESTA 3MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: pain: Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: pain: Eszopicolone (Lunesta)

Decision rationale: The CA MTUS and ACOEM Guidelines do not address Lunesta. The Official Disability Guidelines (ODG) does not recommend the use of Lunesta. The ODG does not recommend using Lunesta on a long-term basis and only support it for short-term use for acute insomnia management. The medical records provided for review document that the claimant has continued complaints of chronic pain, there is no documentation of insomnia. Therefore, the use of Lunesta cannot be recommended as medically necessary.

BENADRYL 25MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain procedure - Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain procedure - Insomnia treatment

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines (ODG), Benadryl does not have an apparent use for the treatment of insomnia in the chronic setting. This agent would not be supported as medically necessary in this individual with chronic cervical related pain diagnoses. The specific request in this case cannot be supported.