

Case Number:	CM13-0013370		
Date Assigned:	11/01/2013	Date of Injury:	03/27/1996
Decision Date:	02/11/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 physician 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 50-year-old female presenting with chronic chest pain and shoulder pain following a work-related injury on March 27, 1996. The claimant was diagnosed with bilateral thoracic outlet syndrome status post thoracic outlet syndrome decompression. The claimant reports that the pain interferes with physical activity. The claimant reports that the pain is relieved with her current medications. The claimant describes the pain as aching, throbbing, shooting, stabbing, piercing, sharp, dull, burning pain associated with numbness. Physical exam was significant for heart intrinsic are 4 out of 5 bilaterally, decreased sensation to light touch in the left lateral calf, decreased sensation in the upper extremities proximally and distally in a nondermatomal manner, trigger points on palpation of the trapezius, rhomboid, and levator scapular muscles, gluteus medius muscles, and lumbar paraspinal muscles, positive lumbar facet loading referring pain in the right and left buttocks, positive cervical facet loading. The claimant was diagnosed with chronic bilateral shoulder pain, chronic neck pain, myofascial pain syndrome of the neck and shoulders, chronic neck pain secondary to degenerative spondylosis of the cervical spine, chronic pain disorder associated with both psychological factors and general medical condition, bilateral thoracic outlet syndrome status post thoracic outlet syndrome decompression. The claimant's medications include Ambien 10 mg, Norco 10 for 325, Soma 350 mg, Abilify 10 mg, and Lexapro 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lexapro 20mg #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); Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: Lexapro is not medically necessary. Ca MTUS page 13 states that antidepressants are recommended as first-line option for neuropathic pain, as a possibility for non-neuropathic pain. Tricyclics are generally considered first line agent unless they're ineffective, poorly tolerated, or contraindicated. Zoloft is a selective serotonin reuptake inhibitor. Per Ca MTUS SSRIs is a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It is been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. The medical records do not appropriately address whether the claimant has depression associated with chronic pain through psychological evaluation. Additionally there was not documentation that the enrollee failed Tricyclics which is recommended by Ca MTUS as first line therapy.

1 prescription of Ambien CR 12.5mg #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);

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Sleeping pills, Tranquilizers

Decision rationale: Ambien CR 12.5mg is not medically necessary. The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Again, according to the medical records the claimant appeared to have used this medication long term. It is more appropriate to set a weaning protocol at this point. Ambien Cr 12.5mg is not medically necessary.

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma). .

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

Decision rationale: Soma is not medically necessary. Ca MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and his primary active metabolite is meprobamate (schedule for controlled substances). Carisoprodol is now scheduled in several states but not on the federal level. Since been suggested that the main affect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sentences and relaxants effects. In regular basis to maintain concern is the cannulation of medical date. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: Increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, and affected some abusers claim is similar to heroin; the combination with codeine. There was a 300% increase in numbers of emergency room episodes related to Terrace Woodall from 1994 2005. Intoxication appears to include subjective consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both cars up at all and meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occur. This is similar to withdrawal from meprobamate. There is little research in terms of weaning of high dose carries up at all and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of a stroke. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg per day and the taper is 3 mg per day with a slower taper in an outpatient setting. Tapering should be individualized to reach patient. There was no specific time limit for the prescription of this medication or a weaning protocol; therefore Soma is not medically necessary.