

Case Number:	CM13-0018541		
Date Assigned:	10/11/2013	Date of Injury:	07/21/1987
Decision Date:	01/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine, 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 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.

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 IMR application shows the date of injury as 7/21/1987, and there is a dispute with the 8/14/2013 UR decision. The 8/14/13 UR letter is from [REDACTED] in response to the 7/22/13 PR2 and the 8/8/13 RFA. EK Health is allowing use of Kadian, Percocet and Benzapril, and denying the Soma, Flector patch, Baclofen and Xanax. The patient is a 70 YO, F employee from the [REDACTED] that sustained a head injury on 7/21/1987 from being struck in the face by a car door. She has had several surgeries to the maxillary and mandible and currently continues with the dental restoration process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines specifically state that Soma is not recommended for use longer than a 2-3 week period. The medical records provided for review show the Final Determination Letter for IMR Case Number CM13-0018541 3 employee has been using the Soma for over a year. The continued use of Soma 350mg, q4h, is not in

accordance with MTUS guidelines. The request for Soma 350mg is not medically necessary and appropriate.

Flector 1.3 % Patch: Overturned

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): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines state there is little evidence to use topical NSAIDs for the spine, hip or shoulder. The Guidelines also state they are not recommended for neuropathic pain. In this case, the employee is reported to have degenerative joint disease at the right temporomandibular joint (TMJ.) MTUS Chronic Pain Guidelines also state topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The TMJ is a fairly superficial joint and appears to be amenable to topical treatment, as the physician has reported success in pain reduction and function with use of the Flector patch. The use of the Flector patch 1.3%, q12h, #80 as requested on the 7/22/13 report, appears to meet MTUS criteria for topical NSAIDs. The request for Flector 1.3 % Patch is medically necessary and appropriate.

Baclofen 10mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The medical records provided for review show the employee had been on a break from Baclofen, and that it was restarted on 7/22/13. The current prescription does not appear to be for long-term use. MTUS Chronic Pain Guidelines state Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain off-label. The employee is reported to have facial pain, over the TMJ 10/10 without medications and 7/10 with medications. MTUS Chronic Pain Guidelines do not state that Baclofen is not recommended, but does not give strong recommendations either. There appears to be more evidence to support the use of Baclofen, at least for another trial, than there is to recommend against it. The request for Baclofen 10mg is medically necessary and appropriate.

Xanax 0.5 mg: Upheld

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

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

Decision rationale: Xanax is a benzodiazepine. MTUS Chronic Pain Guidelines specifically recommend against using Benzodiazepines over 4-weeks. The medical records provided for review shows the employee was using Xanax before 6/22/13, and that the request for continued Xanax on 7/22/13 will exceed MTUS recommendations. The request for Xanax 0.5 mg is not medically necessary and appropriate.