

Case Number:	CM13-0027573		
Date Assigned:	03/14/2014	Date of Injury:	10/20/1996
Decision Date:	05/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology; has a subspecialty in Pain Management, 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 patient has submitted a claim for radial styloid tenosynovitis associated with an industrial injury from October 20, 1996. The treatment to date has included oral pain medications, immobilization, physical therapy, and surgeries of both hands. A utilization review from August 19, 2013 denied the requests for prescription of Soma 350mg #90 1 tab three times a day by mouth, Xanax 2mg, #30 1 tab at bed time LT (██████████), request for authorization (RFA) 07 15 13), and Ensure plus liquid, #14220ML drink 2 cans daily (██████████, RFA 07 15 13). Medical records from 2013 were reviewed showing that the patient had constant bilateral wrist pain. A medical report dated January 7, 2013 showed that the patient underwent a series of surgeries. She underwent right carpal tunnel and DeQuervain's release on August 7, 1997 followed by right ulnar nerve release on February 4, 1998. Right trigger thumb release was then performed on September 9, 1999. The patient has ganglion cyst versus neuroma on the dorsum of the right wrist. Surgical removal of the cyst was recommended to alleviate the pressure on the right wrist; however the patient elected to remove it chemically with phenol injection. She was prescribed with Norco, Soma, Effexor for depression, and Xanax for sleep disturbance since 2011. Ensure Plus liquid was also prescribed in a progress report dated July 15, 2013. Frequency, duration and functional improvements were not specified. It was also noted that the patient had seizures and panic attacks when Effexor was discontinued. Aside from the bilateral upper extremity problems, the patient was also diagnosed with a cervical sprain/strain, lumbar degenerative disc disease, and lumbar facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #90 1 TAB PO TID ([REDACTED] RFA 07 15 13): Upheld

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

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, the patient has been prescribed Soma since 2011. There is no objective evidence that Soma will be given for a short period of time. It is not a first-line drug of choice and is not recommended for treatment of chronic pain. Specific response to previous Soma treatment was not assessed. The request for Soma is not medically necessary.

XANAX 2MG #30 1 TAB PO TID QHS LT ([REDACTED] RFA 07 15 13): Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use since long term efficacy is unproven and there is risk for dependence. In this case, a medical report from January 7, 2013 stated that Xanax was prescribed to the patient for sleep disturbance since 2011. However, a careful review of the patient's sleep hygiene was not presented in the documentation as benzodiazepines used as a sleep aid is considered off label use. There remain concerns over long-term use and a lack of specific assessment of treatment response. The request for Xanax is not medically necessary.

ENSURE PLUS LIQUID #14220ML DRINK 2 CANS DAILY ([REDACTED] RFA 07 15 13): Upheld

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

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, MEDICAL FOODS.

Decision rationale: The CA MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Medical

food was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case, the patient has been using this medical food since January 2013. However, the indication for the use of this medical food has not been made clear. There is no discussion concerning the use of this medical food as a dietary management of a specific medical disorder, disease, or condition which requires distinctive nutritional support. Therefore, they request for Ensure Plus liquid is not medically necessary.

NORCO 10/325 #60, 1 TAB PO Q 12 HOURS ([REDACTED] RFA 07 15 13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Norco since January 2013 but the documentation did not provide any evidence of analgesia or functional improvements due to the use of Norco. There is limited evidence that the four domains of ongoing narcotic management were adhered to. Therefore, the request for Norco is not medically necessary.