

Case Number:	CM13-0028738		
Date Assigned:	06/06/2014	Date of Injury:	05/15/1987
Decision Date:	07/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 71-year-old female who reported an injury on 05/15/1987. She was hit in the face by the car door while at work. The clinical note dated 08/28/2007 noted the injured worker had continuous right jaw pain localized to the right temporal mandibular joint, mandibular area, and designated the temporalis muscle. Her symptoms were known to be worse if she talked or if she chewed. Prior treatment included surgery and medication. Upon examination of the neck, the right temporal mandibular joint was tender to light touch, the temporalis muscle was slightly tender, the disc margins were sharp to the cranial nerves. There was mild dysarthria, her tongue extruded midline, and the uvula elevated midline. The injured workers motor response was tremulous, the fingers to nose examination was unsteady, she had rapid alternating movements, and her successive movements were irregular with staccato. She had a tandem gait that was wide based and unsteady and was hyperreflexic. Her diagnoses were right temporal mandibular joint syndrome with headache, hypertension, nonspecific findings of MRI of dubious distinction, polypharmacy with toxic encephalopathy, seizures by history, possibly related to medication use. The provider recommended Soma, Lidoderm Patch, Baclofen, Xanax, Flector Patch, MS Contin, and Restoril. The providers rational was not provided, the Request for Authorization form was not included in the medical documents for review.

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 Page(s): 65.

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

Decision rationale: The request for Soma 350 mg is not medically necessary. The California MTUS does not recommend Soma. This medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant, which its primary active metabolite is meprobamate. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Irregular abuse's main concern is the accumulation of meprobamate. As the guidelines do not recommend Soma, this medication is not indicated. The clinical note is dated from 08/28/2007; however, there are no recent notes. There was lack of documentation indicating whether Soma is an ongoing medication or a new prescription. The efficacy of the medication was not provided. The request does not indicate the frequency of the medication. As such, the request is not medically necessary.

LIDODERM PATCH 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56.

Decision rationale: The request for Lidoderm patch 5% is not medically necessary. The California MTUS Guidelines state Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, such as antidepressants and anticonvulsants have failed. This is not a first line treatment and is only FDA approved for the post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. Formulations that do not involve a dermal patch symptom are generally indicated as a local anesthesia. The provider's request for the Lidoderm patch does not include the site at which the patch was intended for or the frequency of the medication. There is no recent clinical note to determine whether this is a continuation of a medication or a new prescription. The efficacy of the medication was not provided. The provider's rationale was not provided within the request. As such, the request is not medically necessary.

BACLOFEN 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, 113.

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

Decision rationale: The request for Baclofen 10 mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The clinical note does not state whether this is a continuing medication or a new prescription. The clinical note is from 08/28/2007. There is no updated clinical note to review. The request for Baclofen 10 mg does not include the frequency of the medication. As such, the request is not medically necessary.

XANAX 0.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

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

Decision rationale: The request for Xanax 0.5 mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines in long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. The clinical note provided is from 08/28/2007. It is not known whether Xanax is a continued medication or a new prescription. Efficacy of the medication was not provided. The provider's rationale for the medication was not included. The frequency of the Xanax was not included in the medication request. As such, the request is not medically necessary.

FLECTOR PATCH: Upheld

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.

Decision rationale: The request for Flector patch is not medically necessary. Flector patch is comprised of diclofenac epolamine. The California MTUS states that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not medically necessary. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee, elbow, or other joints that are amiable to topical treatment; they are recommended for short term use 4 to 12 weeks. There is little evidence to use topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The provider's request for the Flector patch did not include the dose or frequency, or the site that the patch was

intended for. There is a lack of a recent clinical note detailing whether this is a new prescription or a refill and the efficacy of the medication. As such, the request is not medically necessary.

MS CONTIN 100MG #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for MS-Contin 100 mg with a quantity of 50 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evidence. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The included documents lack evidence of a recent clinical note to indicate whether this is a new medication or a renewed prescription, the efficacy of the medication was not provided. As such, the request is not medically necessary.

RESTORIL 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

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

Decision rationale: The request for Restoril 30 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines in long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. The clinical note provided is from 08/28/2007. It is not known whether Restoril is a continued medication or a new prescription. Efficacy of the medication was not provided. The provider's rationale for the medication was not included. The frequency of the Restoril was not included in the medication request. As such, the request is not medically necessary.