

Case Number:	CM13-0036664		
Date Assigned:	12/13/2013	Date of Injury:	04/13/1992
Decision Date:	05/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Pain Medicine and is licensed to practice in Texas. 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:

California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The patient was noted to be taking the medication for anxiety. The patient was noted to report a 40% to 50% improvement in pain levels and improvement in overall functional status. However, there is a lack of documentation of objective functional status received from the medication. There was a lack of documentation indicating the necessity for ongoing chronic benzodiazepines use. Given the above, the request for Valium 10 mg #90 is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #90: Upheld

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

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

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The patient was noted to be taking the medication for anxiety. The patient was noted to report a 40% to 50% improvement in pain levels and improvement in overall functional status. However, there is a lack of documentation of objective functional status received from the medication. There was a lack of documentation indicating the necessity for ongoing chronic benzodiazepines use. Given the above, the request for Valium 10 mg #90 is not medically necessary.

SOMA 350 MG (#120): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 26,65.

Decision rationale: California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The clinical documentation submitted for review failed to provide the necessity for long-term use of Soma. The patient was noted to report a 40% to 50% improvement in pain levels and improvement in overall functional status. However, there is a lack of documentation of objective functional status received from the medication. There is a lack of documentation indicating the necessity for long-term treatment. The patient's physical examination failed to indicate the patient had muscle spasms to support the usage of the medication. Given the above, the request for Soma 350 mg #120 is not medically necessary.

MEDROX COMPOUND RUB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic, Capsaicin Page(s): 105,111,112. Decision based on Non-MTUS Citation Medrox Online Package Insert.

Decision rationale: California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for

chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review indicated the patient was having neuropathic pain to the bilateral lower extremities. However, it failed to provide the efficacy of the requested medication. Capsaicin is recommended in patients who have not responded or are intolerant to treatments and it is not recommended at a formulation of greater than 0.25%. The compound includes Capsaicin at 0.0375% which is above guideline recommendations. Given the above, the request for Medrox compound rub, with an unstated quantity is not medically necessary.