

Case Number:	CM13-0036997		
Date Assigned:	12/13/2013	Date of Injury:	04/30/2010
Decision Date:	02/17/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice 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. 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 is a 49-year-old female who reported a work-related injury on 04/30/2010; specific mechanism of injury was not stated. The patient currently presents for treatment of the following diagnoses: right hamstring sprain, right hip sprain and labral tear, lumbar sprain with bilateral sciatica, left total knee replacement as of 05/01/2012, manipulation of the left knee as of 08/02/2012, and chronic pain. The clinical note dated 11/14/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports increasing pain complaints with buttock pain and spasms requiring injections for acute pain to try to reduce the patient's opiate use and maintain function and clarity. The provider documented the patient's pain ranged from 3/10 to 9/10. The provider reports the patient improves with rest, medications, and time. The provider documented the patient was negative for vomiting or diarrhea. The patient reports nightmares, anxiety, chronic pain, and severe spasms. The provider documented upon physical exam of the patient, substantial tenderness about the left buttock, sciatic inferior aspect hamstring insertion site was noted, and hypermobility related to an old childhood injury of the left lower extremity with negative sitting straight leg raise. Extension of 20 degrees increases buttock pain. The provider recommended authorization for Alprazolam for insomnia and anxiety related to pain, nightmares, and spasms, Ondansetron 1 by mouth for nausea, Cymbalta, Soma 1 by mouth 3 times a day for severe spasms, Oxycodone/Acetaminophen 5/325 mg, and Flector patch. The patient was subsequently administered a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25mg q 6hrs prn for anxiety: Upheld

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

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

Decision rationale: The current request is not supported. The California MTUS indicates benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. In addition, more appropriate treatment for anxiety disorder is an antidepressant. Given that it is unclear how long the patient has been utilizing this medication for anxiety, as well as the efficacy of treatment, the request for Alprazolam 0.25mg q6hrs prn for anxiety is not medically necessary or appropriate.

Ondansetron 8mg for nausea #10 plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Decision rationale: The current request is not supported. The Official Disability Guidelines indicate antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is supported for acute use for gastroenteritis. However, the provider documented the patient presented with no complaints of nausea or vomiting. Given the above, the request for Ondansetron 8mg for nausea #10 plus 1 refill is not medically necessary or appropriate.

Carisoprodol (Soma) 250mg #30 plus 1 refill: Upheld

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

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

Decision rationale: The current request is not supported. The California MTUS indicates Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed; however, abuse has been noted for sedative and relaxant effects. Given the lack of documentation evidencing the patient's duration of use of this medication, as well as clear efficacy of treatment, the request for Carisoprodol (Soma) 250mg #30 plus 1 refill is not medically necessary or appropriate.

Flector 1.3% Transdermal patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The current request is not supported. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, Official Disability Guidelines indicate Flector patches are not recommended as a first-line treatment; Flector patch is FDA indicated for acute strain, sprains, and contusions. Official Disability Guidelines indicate there are no long-term studies of the effectiveness or safety of this medication for chronic musculoskeletal pain. Given the above, the request for Flector 1.3% Transdermal Patch #30 is not medically necessary or appropriate.