

Case Number:	CM13-0051009		
Date Assigned:	12/27/2013	Date of Injury:	12/31/2012
Decision Date:	03/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 Internal Medicine 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 an injury on 12/31/2012. The patient is currently diagnosed with lumbar degenerative disc disease, chronic thoracic strain, chronic right shoulder strain, diffuse regional myofascial pain, history of cervical fusion at C6-7, and chronic pain syndrome with sleep and mood disorder. The patient was seen by [REDACTED] on 10/09/2013. The patient reported ongoing lower thoracic, lumbar, and right shoulder pain with intermittent numbness and tingling to bilateral lower extremities. Physical examination revealed no acute distress and an antalgic gait. Treatment recommendations included continuation of current medications. ¶

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg 390 (23 days supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients

with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, there is no evidence of palpable muscle spasm, spasticity, or muscle tension upon physical examination. Additionally, Guidelines do not recommend long-term use of this medication. Therefore, the current request is not medically appropriate. As such, the request for Carisoprodol Tab 350mg 390 (23 days supply) is non-certified.

Clonazepam Tab 1mg 360 (30 days supply): Upheld

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

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no evidence of anxiety or depressive symptoms. The medical necessity for the requested medication has not been established. Additionally, Guidelines limit the use of benzodiazepines to 4 weeks. Based on the clinical information received, the request for Clonazepam Tab 1mg 360 (30 days supply) is non-certified.

Methadone Tab 10mg #180 (30 days supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 and 74-82.

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to complain of lower thoracic, lumbar, and right shoulder pain. Additionally, there is no evidence of a failure to respond to first line treatment prior to the initiation of a second line opioid medication. Based on the clinical information received, the request for Methadone Tab 10mg #180 (30 days supply) is non-certified.

Oxycod/APAP Tab 10-315mg #240 (30 days supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continued to complain of lower thoracic, lumbar, and right shoulder pain. As satisfactory response to treatment has not been indicated, the current request cannot be determined as medically appropriate. Therefore, the request for Oxycod/APAP Tab 10-315mg #240 (30 days supply) is non-certified.

Zolpidem Tab 10mg #30 (30 days supply): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain Chapter, Insomnia Treatment

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient does not report improvement in sleep disorder. It was noted on the requesting date of 10/09/2013, the patient fell asleep at the front counter of the office as well as in the waiting room several times. Documentation of a failure to respond to non-pharmacologic treatment has not been provided. Based on the clinical information received and the Official Disability Guidelines, the request for Zolpidem Tab 10mg #30 (30 days supply) is non-certified.