

Case Number:	CM13-0060164		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2000
Decision Date:	05/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 70-year-old male who reported an injury on 08/18/2000. The mechanism of injury was not provided in the medical records for review. Clinical note dated 10/21/2013 the injured worker stated that his condition had remained unchanged and the current pain level was 8/10, and he continues to have tingling in his hands. The injured worker complained of mild back pain, greater on the left side than on the right side. Complaints of bilateral shoulder pain, headaches, he has 2 to 3 mild headaches a week, he reports. The injured worker complains of bilateral hand numbness and tingling. The injured worker has a history of anxiety due to continued pain. The clinical physical exam for the cervical spine noted there was slight spasm of the paraspinal muscles but active range of motion; flexion was 80% of normal, extension 80% of normal, right lateral flexion was 80% of normal, left lateral flexion was 80% of normal. Spurling's sign is mildly positive to the right with scapular pain. The physical exam for the thoracic spine noted mild tenderness and spasm from palpation from T1 to T7. Physical exam of his shoulders noted mild tenderness of the posterior upper shoulder region. Impingement sign was negative. Bilateral shoulder flexion and abduction is 140 degrees of 180 degrees. Wrist and hands physical exam on inspection revealed well-healed prior surgical release over the volar wrist. The Tinel's sign was negative at both wrists. Phalen's sign negative bilaterally. Neurological exam, the injured worker's gait is straight and normal. Diagnoses listed for the injured worker this clinical visit are cervical strain status post cervical fusion with residual cervical pain, thoracic strain, posttraumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release with continued bilateral hand and wrist tendonitis, and bilateral epicondylitis, and bilateral shoulder pain. The clinical physician documented discussion with the injured worker that the complaints involving

the wrists, hands, elbows, and shoulders are due to continuous trauma from 08/18/2000. Medications listed are Nucynta 50 mg 1 tablet 3 times a day, Norco 10/325 one tablet 4 times a day as needed, Soma 350 mg tablets 1 twice a day as needed for muscle spasm, Medrox topical ointment applied up to 3 times a day as needed to affected areas to decrease pain, Xanax 0.5 mg twice a day as needed for anxiety, Restoril 15 mg at bedtime when having difficulty falling asleep, Intermezzo 3.5 when woken up because of pain. The injured worker is instructed to continue home exercising, stretching, and use of home traction device as tolerated and to follow-up in 3 months. The documentation provided for review did not include surgical dates, physical therapy, or the request for the request for Restoril 15 mg, Intermezzo 3.5, Xanax 0.5 mg, Soma 350 mg.

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 Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29-65.

Decision rationale: The request for Soma 350 mg is non-certified. The California MTUS Guidelines state that Soma is not indicated for any longer than a 2 to 3 week period. Soma is a commonly prescribed, central acting skeletal muscle relaxant. It has been suggested that the effects of it contribute to generalized sedation and the treatment of anxiety. There has been noted abuse for the sedative and relaxant effects. Withdrawal syndrome has been documented that consist of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia when abrupt discontinuation of large doses occurs. The documentation provided for review did not give a start date of the Soma or the effectiveness of the Soma on the patient's muscle spasms. The request for the Soma did not include the frequency or the quantity. The request does not meet the guidelines set forth by California MTUS. Therefore, the request is non-certified.

XANAX 0.5MG: Upheld

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

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

Decision rationale: The request for Xanax 0.5 mg is non-certified. California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependency to the benzodiazepines. Most guidelines including the California MTUS Guidelines limit the use to 4 weeks. The range of actions included is sedative hypnotics, anxiolytic, anticonvulsant, and a muscle relaxant. Chronic benzodiazepines are the

treatment of choice in very few conditions. Tolerance to hypnotic effects can develop rapidly in patients and the anxiolytic effects that occur within months of long-term use may actually increase anxiety. The request for the Xanax 0.5 mg did not include the frequency or the quantity and the documentation provided for review did not provide information regarding how long the injured worker has been on this medication. Therefore, the request for the Xanax is non-certified.

RESTORIL 15MG-INTERMEZZO 3.5: Upheld

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

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

Decision rationale: The request for the Restoril 15 mg/Intermezzo 3.5 is non-certified. The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependency to the benzodiazepines. Most guidelines including the California MTUS Guidelines limit the use to 4 weeks. The range of actions included is sedative hypnotics, anxiolytic, anticonvulsant, and a muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects can develop rapidly in patients and the anxiolytic effects that occur within months of long-term use may actually increase anxiety. The request for the Restoril 15 mg/Intermezzo 3.5 did not include the frequency or the quantity and the documentation provided for review did not provide information regarding the length of time the injured worker has been on this medication. Efficacy from this medication was not provided to support continuation. Therefore, the request for the Restoril 15 mg/Intermezzo 3.5 is non-certified.