

Case Number:	CM14-0009440		
Date Assigned:	02/14/2014	Date of Injury:	05/01/2003
Decision Date:	07/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 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:

This is a 61-year-old male with a 5/1/03 date of injury to his right arm and elbow while lifting some rigging. The patient was seen on 10/26/13 with complaints of left upper extremity and bilateral shoulder pain. The patient was noted to be on Norco, Soma, and Ativan chronically. Diagnosis: C disc protrusion, cervical spine stenosis with sprain. He was again seen on 11/5/13 and was diagnosed with a non-union at C7-T1 and C5-C7. On 12/4/13 the patient was noted to be progressing with physical therapy and Oxycodone was noted to be part of the patient's prescription regimen. Treatment to date: mediations, ACDF 2/12/13, pot operative physical therapy x 12, pain management program. A UR decision dated 1/78/14 denied the request for oxycodone given no studies have shown improved quality of life with ongoing opiate management. The request for Ativan was denied given the patient exceeded the MTUS recommended duration of use for this medication. The request for Soma was denied given the patient was noted to be on an NSAID, and the guidelines show no long term benefit of this medication in combination with an NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10MG, #120 WITH 0 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no documentation of a reduced VAS or functional gains with this medication. There is no documentation of the rationale of this prescription. Therefore, the request for Oxycodone as submitted was not medically necessary.

ATIVAN 2MG, #30 WITH 0 REFILLS: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient is noted to have been on this medication chronically at least since February of 2013. There is no indication of a decrease in VAS or functional gains with this medication. In addition, guidelines do not support the ongoing use of benzodiazepines. Therefore, the request for Ativan as submitted was not medically necessary.

CARISOPRODOL 350MG, #30 WITH 0 REFILLS: Upheld

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

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

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient is noted to have been on this medication chronically at least since February of 2013. There is no indication of a decrease in VAS or functional gains with this medication. This patient has exceeded the treatment guidelines for recommended use of this

medication. Therefore, the request for carisoprodol 350mg, #30 as submitted was not medically necessary.