

Case Number:	CM14-0010808		
Date Assigned:	02/21/2014	Date of Injury:	04/20/2011
Decision Date:	08/05/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old male with a 4/20/11 date of injury. The mechanism of injury was when he slipped and fell down a flight of stairs; he lost consciousness and sustained injuries to the head, neck, spine, and arm. In a progress note dated 2/10/14, the patient complained of neck pain, headache, and low back pain. The patient was experiencing radiating pain in the right buttock, hip, thigh, knee, calf, foot, and mid back. He described it as painful, numbness, and tingling. The patient stated that pain was relieved with rest, ice, and sitting in a swedish back chair. The pain was aggravated by sitting, standing, walking, bending, coughing, and sneezing. He rated his pain as a 7/10 on a 0-10 pain scale. Objective findings: right arm and hand tremor, antalgic gait, painful and limited cervical ROM, spasms and tenderness to palpation of lumbar paraspinal musculature, painful and limited lumbar ROM, lumbosacral spine/sacroiliac joint dysfunction and tenderness. Diagnostic impression: Cervical radiculopathy, lumbar radiculopathy, lumbar spondylarthritis, associated myofascial hypertonicity/myospasm, equilibrium disturbance, shoulder impingement syndrome, carpal tunnel syndrome, rotator cuff tear. Treatment to date is medication management, activity modification and physical therapy. A UR decision dated 1/10/14 modified the request for Clonazepam 0.5 mg from 30 tablets to 15 tablets for weaning. Benzodiazepines are not supported for long term use due to unproven efficacy and risk of dependence. The request for Norco 10/325 mg was modified from 150 tablets to 75 tablets for weaning. There is no documentation of UDS performed to monitor compliance and screen for aberrant behavior, and no documentation of a signed opiate agreement. Ongoing use of chronic opioids is not supported in the current clinical setting. The request for Celebrex 200 mg was denied. The documentation provided for review does not identify significant functional benefit with the use of NSAIDs. The request for Soma 350 mg was modified from 120 tablets to 60

tablets for weaning. This medication is habit forming, lacks long-term efficacy, and there are readily available alternatives.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5MG #30: Upheld

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

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

Decision rationale: California 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been on Clonazepam since at least 7/2/13, if not earlier. Guidelines do not support the long-term use of benzodiazepines. In addition, the patient is also on Norco and Soma, and the combination can lead to increased risk of side effects, such as sedation. Therefore, the request for Clonazepam 0.5 mg #30 was not medically necessary.

NORCO 10MG/325MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

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

Decision rationale: California 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 the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10 mg/325 mg #150 was not medically necessary.

CELEBREX 200MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. In the reports reviewed, there is no documentation of functional improvement from this medication. In fact, the patient states in several notes that his pain is relieved with rest and ice, not from medications. In addition, there is no documentation that the patient has an inflammatory component to his pain. Therefore, the request for Celebrex 200 mg #60 was not medically necessary.

SOMA 350MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol and Muscle Relaxants Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: California 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 has been on Soma since at least 7/2/13, if not earlier. Guidelines do not support the long-term use of Soma. In addition, the patient is also on a benzodiazepine and an opiate, and the combination can increase the risks of side effects, such as sedation. Therefore, the request for Soma 350 mg #120 was not medically necessary.