

Case Number:	CM14-0010982		
Date Assigned:	02/21/2014	Date of Injury:	12/06/2000
Decision Date:	07/14/2014	UR Denial Date:	01/16/2014
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 Occupational 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:

The patient is a 51-year-old male who has filed a claim for shoulder pain associated with an industrial injury date of December 06, 2000. A review of progress notes indicates low back, right shoulder, right foot, and right hand pain. The patient reports sleep difficulty due to pain. Findings include mild tenderness over the medial scapular borders and proximal trapezial and decreased cervical range of motion. Regarding the right elbow, findings include discomfort in the lateral epicondyle upon resistive extension, and positive cubital tunnel testing affecting the two ulnar digits. Regarding the right ankle, findings include tenderness to the posteromedial aspect of the ankle, lateral neurovascular bundle, and posterior aspect of the medial malleolus. The treatment to date has included opioids, sedatives, orthotics, transcutaneous electrical nerve stimulation, exercise program, and right ankle surgery. The utilization review from January 16, 2014 denied the requests for Ambien 5mg #60 as this is not recommended for long-term use. There is modified certification for Norco 10/325mg for #90 as there is no documentation of derived benefits, and weaning was initiated; Valium 10mg for #49 as it is not recommended for long-term use; and Soma 350mg for #23 as it is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain chapter, Ambien (zolpidem tartrate).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. The patient has been on this medication since at least June 2012. This medication is not recommended for chronic use, and there is no documentation of benefits derived from this medication. Therefore, the request for Ambien 5mg #60 was not medically necessary.

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least July 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Norco 10/325mg #90 was not medically necessary.

VALIUM 10MG #60: 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: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has been on this medication since at

least November 2013. There is no rationale indicated for the use of this medication, and this medication is not recommended for chronic use. Therefore, the request for Valium 10mg #60 was not medically necessary.

SOMA 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) ; Muscle relaxants (for pain), Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: On pages 29 and 65 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. There is no documentation regarding use of this medication. However, this medication is not recommended for use. Therefore, the request for Soma 350mg #90 was not medically necessary.