

Case Number:	CM14-0011324		
Date Assigned:	02/21/2014	Date of Injury:	02/11/2008
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Family Practice 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 claimant is a 52 year old female claimant sustained a work injury on 2/11/08 involving the low back and lower extremities. An MRI of her back showed mild disc protrusion of the L4-L5 region and degenerative disc disease. An EMG showed L5-S1 radiculopathy. She had obtained some pain relief with epidural steroid injections. An exam note on 1/29/14 indicated she continues to have low back pain. She had been taking Ativan for 2 months to help with anxiety and sleep. She was unable to take NSAIDs due to gastrointestinal risks from a previous gastric bypass. She stated Percocet 6 tablets/ day which she had increase recently and had provided adequate pain relief but her pain was 8/10. She had also been on Soma at the time which she had taken since 2011. She had been continued on Percocet. #8195;

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids and Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Percocet and has self escalated her dose. The length of time she has been on Percocet is not indicated. Failed documentation of other medications such as Tylenol is not mentioned. There is no opioid agreement in place regarding self regulation of medication. The continued use of Percocet is not medically necessary.

ATIVAN 0.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 26, 66. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 26, 66

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

Decision rationale: 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In this case, the claimant has been on Ativan for several months. There is no documentation of tricyclic trial or failure. Based on the guidelines, Ativan is not medically necessary.

SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, generic available), Pag.

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

Decision rationale: Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a

combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). Soma was being used with Percocet. This increases the risk of addiction and a heroin like effect. Therefore, the request is not medically necessary.