MAXIMUS Federal Services

Case Number:	CM14-0012635		
Date Assigned:	02/21/2014	Date of Injury:	07/18/2008
Decision Date:	09/22/2014	UR Denial Date:	01/07/2014
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 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:

This 59 year old patient had a date of injury on 7/18/2008. The mechanism of injury was not noted. In a progress noted dated 12/13/2013, subjective findings included ongoing neck and low back pain, which she notes worsens with activities of daily living. She did not rate the degree of pain on the drawing. On 8/16/2013, the patient complains of continuing neck, arm, and low back pain, which elevates with activities of daily living. On a physical exam dated 12/13/2013, objective findings included hypertonicity of cervical and lumbar musculature with myospasms present in left lumbar region. On 8/16/2013, there was tenderness in cervical and lumbar spine without myspasms being present. Cervical range of motion is somewhat restricted. Diagnostic impression shows lumbar mysfascial pain, intevertebral disc disease, and left lumbar radiculitis.Treatment to date includes medication therapy, and behavioral modification. A UR decision dated 1/7/2014 denied the request for DOS 12/13/2013, Norco 10/325 #120, stating no decreased pain and functional improvement noted. Clonazepam .5mg #60 and Temazepam 30mg #30 (DOS 12/13/2013 was denied, stating long term use is not recommended and there is risk of dependence. Soma 350mg #60 (DOS 12/13/2013) was denied, stating long term use is not recommended and it was unclear how long the patient has been using it. Random urine drug screen DOS 9/24/2013 was denied, stating there is no concern regarding the potential for abuse in this patient, and records do not show when this patient last underwent urine toxicology screening and results. Future random quarterly drug screens to monitor medications were denied, stating the patient is not at moderate to high risk for aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-Random Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Urine Drug Testing (UDT), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,222-238.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports viewed, it was noted that the urine drug screens dated 4/22/2013 and 8/17/2014 demonstrated positive, unexpected results for muscle relaxants and narcotics. Guidelines support up to 4 drug screens per year, and in this case, drug monitoring is appropriate to detect aberrant drug behavior. Therefore, the request is medically necessary.

Soma 350mg 1 p.o. at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Muscle relaxants (for pain).

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

Decision rationale: MTUS Guidelines state 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. This patient is noted to be on Norco 10/325. Furthermore, it was unclear, from the reports reviewed, how the long this patient has been on Soma, and guidelines do not recommend long term use. As such, the request is not medically necessary.

Temazepam 30mg p.o. at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines: Temazepam (Restoril).

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

Decision rationale: 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 has been documented to be on Temazepam since at least 11/8/2013, and no discussion was provided regarding the functional improvement to justify continuing this medication. Furthermore, this patient is also noted to be on Clonazepam and there is no rationale provided regarding the necessity of 2 benzodiazepines, which increases the risk of adverse side effects such as sedation. As such, the request is not medically necessary.

Clonazepam 0.5mg 1 p.o. b.i.d., #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines: Clonazepam (Klonopin).

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

Decision rationale: 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 has been on Clonazepam since at least 2/2013 with no discussion regarding why future treatment with this medication is justified. Furthermore, this patient is also noted to be on Temazepam 30mg, and there is no rationale provided regarding the necessity of 2 benzodiazepines, which increases the risk of adverse side effects such as sedation. As such, the request is not medically necessary.

Norco 10/325mg 1 p.o. q.i.d., #120: Upheld

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

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

Decision rationale: 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 a progress report dated 12/13/2013, there was no documented functional improvement noted with the opioid regimen, and the patient has been on Norco since at least 11/8/2013. As such, the request is not medically necessary.

Four future Drug Screens to be done quarterly without notice to patient to monitor medications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,222-238.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports viewed, it was noted that the urine drug screens dated 4/22/2013 and 8/17/2014 demonstrated unexpected positive results for muscle relaxants and narcotics. However, guidelines support only up to 4 drug screens per year, and in this case, drug monitoring has been performed already at least 3 times for 2013. A time period and year would need to be provided for the 4 future drug screens in order to substantiate this request. Furthermore, there is no rationale to justify this many future drug screens without documentation of the physician discussing this aberrant behavior with the patient. As such, the request is not medically necessary.