

Case Number:	CM14-0016739		
Date Assigned:	03/05/2014	Date of Injury:	01/01/1990
Decision Date:	04/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pulmonary Diseases 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 70 year old male that reported an injury on 01/01/1990. The mechanism of injury was not provided in the medical records. The clinical note dated 08/05/2013 noted that the patient complained of neck pain and headaches that were keeping him from sleeping. The surgical history listed was bilateral carpal tunnel releases times 2 in 2008, lumbar discectomy 1988, trigger finger of right ring finger status post-surgery 2008. On examination it is noted that the patient has symptoms of excessive fatigue, muscle weakness, drowsiness, difficulty sleeping, and difficulty remaining asleep. Physical exam noted that the patient had palpation tenderness at the occipital notch bilaterally, multiple trigger points in the trapezius muscles bilaterally with the left more than the right, Spurling's negative with neck pain only, and right shoulder is only 90 degrees abduction and tender all over. The clinical note dated 01/20/2014 that the patient complained of pain to his right shoulder and in his neck. The pain level was noted at 7 of 10. Medications are as listed; Cymbalta 30 mg take 1 twice a day, Carisoprodol 2350 mg twice a day as needed, Xanax 1 mg take 1 tablet twice a day as needed, Percocet 7.5/325 mg take 1 tablet 4 times a day, Celebrex 200mg take 1 tablet twice a day. Medications tried and failed were Vicodin 7.5/750mg- too strong; Prevacid due to insurance did not cover. The patient is having muscle weakness, difficulty walking, and difficulty falling asleep and remaining asleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #240: Upheld

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

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

Decision rationale: The CA MTUS states that benzodiazepines are not recommended due to the long term efficacy not being proven and there is a risk of dependence to the drug. Most guidelines limit the use to 4 weeks. It is noted that the long term use may increase anxiety. The notes provided indicated that on examination the patient has symptoms of excessive fatigue, muscle weakness, drowsiness, difficulty sleeping, and difficulty remaining asleep. Benzodiazepines are noted to be the treatment of choice in very few conditions. The objective documentation received showed no symptoms of anxiety and the guidelines do not recommend the medication. Therefore the request is non-certified.

SOMA (CARISOPRODOL) 350MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SOMA) Page(s): 29.

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

Decision rationale: The CA MTUS states that soma is not recommended and that this medication is not for long term use; it has been suggested that the main effect of the drug is general sedation and the treatment of anxiety. There has been noted abuse with the use of this medication. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical note stated that the patient has symptoms of excessive fatigue, muscle weakness, drowsiness, difficulty sleeping, and difficulty remaining asleep. The guidelines do not recommend the medication. Therefore the request is non-certified.