

Case Number:	CM14-0112338		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2009
Decision Date:	09/18/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 50 Y/O female with date of injury of 11/30/09. The mechanism of injury: She twisted her ankle and fell on her right knee, hip and shoulder injuring her back and neck. MRI of the right knee has showed internal derangement and MRI of the right shoulder revealed rotator cuff tear. She is also noted to be morbidly obese and therefore surgery was not considered as an option. On exam, she had severe antalgic limp. Her lumbar spine ROM was very limited. The right shoulder flexion was limited to 90 degrees. Hawkin's test was positive. Knee exam showed positive meniscal sign and McMurray bilaterally. Neurological exam showed no loss of sensation. Reflexes were decreased at knees. She is noted to have been sent to HELP program to get her down from excessive medications. Diagnoses: B/L knee internal disruption, right shoulder rotator cuff tear and probably SLAP tear, Lumbar spine pain, probably diskogenic. Recommendation was Bariatric surgery, to continue Norco three and half tablets a day, Soma 350 bid, and to continue Ambien and Celebrex. The request for Carisoprodol, Norco, Ambien and Celebrex was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines,

Treatment in Workers Compensation, 2014 web-based edition, revised chronic pain section;
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: Per guidelines, 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). 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"). In this case, there is no substantial evidence of spasm, unresponsive to first line treatment. There is no documentation of any significant improvement in pain and function with prior use. Chronic use of muscle relaxants is not recommended. Therefore, the request is not medically necessary.

Hydrocodone/APAP 10/325mg, qty 105: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition, revised chronic pain section;
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, or ongoing attempts with non-pharmacologic means of pain management. There is no documentation of urine drug screen to monitor the patient's compliance. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the request is not medically necessary.

Celebrex 200mg, qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition, revised chronic pain section; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Selective COX-2 NSAIDS is recommended for relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis especially in patients at intermediate risk for GI events. In this case, there is no documented history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, high dose of NSAIDS. There is no documentation of any significant improvement in pain and function with prior use. Therefore, the request is not medically necessary according to the guidelines.

Zolpidem 12.5mg, qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition, revised chronic pain section; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In this case, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Furthermore, there is no documentation of a detailed assessment of the cause of insomnia and attempt for proper sleep hygiene. Thus, the request is not medically necessary per guidelines.