MAXIMUS Federal Services

Case Number:	CM14-0141648		
Date Assigned:	09/12/2014	Date of Injury:	10/08/1998
Decision Date:	11/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, has a subspecialty in Pain 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 is a 61-year-old male patient who sustained a remote industrial injury on 10/08/1998. Mechanism of injury was not provided. Diagnoses include acquired spondylolisthesis, displacement of lumbar intervertebral disc without myelopathy, thoracic/lumbosacral neuritis/radiculitis, and opioid-type dependence continuous. Previous treatment has included multiple oral medications. Other conservative treatments were not documented. It was noted the patient has not previously undergone surgery. A request for Klonopin 0.5 mg #10 and Soma 350 mg #90 was non-certified a utilization review on 07/31/14. There is a letter of a pill from the treating provider dated 07/23/14 indicating lumbar epidural steroid injections and multiple medications were denied a utilization review on 07/15/14. It was noted the patient is no longer using Cymbalta, Lidoderm patch, or Flector patch. His current medications include Klonopin 0.5 mg 1 tablet daily as needed, testosterone cypionate 200 MG/mL 1 mL biweekly, methadone 10 mg 1 tablet twice daily, ibuprofen 800 mg 1 tablet twice daily as needed, and docusate sodium 100 mg 1 capsule twice daily. It was noted these medications are working for the patient and he reports no side effects or signs of diversion or abuse. It was felt the patient meets criteria for continued use of these medications. It was noted medications allow patient to increase activities of daily living and independent function. Patient is essentially bedridden without these. Reconsideration for authorization was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

S5000, Klonopin 0.5mg qty: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 23, 66, 124.

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

Decision rationale: The California MTUS Treatment Guidelines regarding use of benzodiazepines indicates that it is 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 anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, Klonopin is being prescribed on a long-term basis, which is not supported by evidence-based guideline criteria. There was no documentation of the patient having anxiety there would be an indication for a short-term course of benzodiazepines. Pain relief and functional benefit were not quantified as related to benzodiazepine use. There are less addictive alternatives available. The current request does not specify frequency of dosing. Therefore, the requested Klonopin 0.5 mg #10 is not medically necessary.

S5000, Soma 350mg qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding Soma, the CA MTUS "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." In this case, there were no progress notes provided for review indicating the patient has muscle spasm. Soma is a highly addictive muscle relaxant and is not supported for long-term use, typically no more than 4 weeks duration. In this case, the patient has been prescribed Soma long term in a chronic setting. There is no indication of acute flare-up of symptoms. There is no documentation of measurable pain relief or functional benefit as a result of using Soma. Current request does not specify frequency of dosing. Therefore, request for Soma 350 mg #90 is not medically necessary.