

Case Number:	CM14-0151591		
Date Assigned:	09/19/2014	Date of Injury:	05/08/1979
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Management 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 60-year-old female who sustained an injury on March 8, 1979. She presented for a follow-up of status post cervical disc disease, laminectomy, and chronic pain syndrome. Her pain radiated to the right arm and her right finger felt numb and tingly. On May 15, 2014, she rated her pain at 4-5/10. She felt anxious because of the pain and was having problems sleeping. Her blood pressure goes up if her pain is not under control. She was having problem in getting her morphine, underwent withdrawals and was having nausea, vomiting, and significant pain. On exam, blood pressure was 150/108. There was decreased movement of the cervical spine significantly. Current medications include Morphine Sulfate Contin, Cymbalta, Soma, Clonidine, and Xanax. She was on Ambien, but it was not helping her sleep, so it was stopped and switched to Klonopin. Prior review dated May 30, 2014 indicates that Soma was non-certified as the opportunity to wean has been provided on March 14, 2014. Past medical history includes cervical disc radiculopathy. Diagnoses include status post cervical laminectomy, cervical disc disease with industrial injury, and chronic pain syndrome. No diagnostic information was available. Latest report of August 21, 2014 or June 24, 2014, did not mention any information regarding pain condition or anxiety condition of the worker. There was no report as to how the medications were working. The request for Morphine Sulfate Contin 30mg #90, Soma 350 mg, Clonazepam 0.5 mg, and Clonidine 1 mg #60 was denied on August 25, 2014 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines recommendations of opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: As per the California Medical Treatment Utilization Schedule guidelines, Morphine Sulfate Contin is a controlled, extended and sustained release preparations should be reserved for workers with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical necessity for Morphine Sulfate Contin has not been established based on guidelines and lack of documentation. Therefore, the requested service is not considered medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Comp, Pain Procedure Summary, non-sedating muscle relaxants, antispasticity/antispasmodic drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 63-64.

Decision rationale: 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"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary and is non-certified.

Clonazepam 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Clonazepam

Decision rationale: According to the guidelines, Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsants and muscle relaxants. Clonazepam (Klonopin) is not recommended. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. There is no documentation of first line therapy. There is no evidence of proper sleep hygiene is being addressed. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate for this worker. Klonopin is therefore not considered medically necessary.

Clonidine 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult., Clonidine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Clonidine

Decision rationale: Per the Official Disability Guidelines, Clonidine is recommended for intrathecal use only after a short-term trial indicates pain relief in workers refractory to opioid monotherapy or opioids with local anesthetic. Furthermore, clonidine is not first line therapy for the treatment of hypertension. In this case, the medical records do not document that this medication is indicated in this injured worker. Therefore, the request is not medically necessary.