

Case Number:	CM14-0152534		
Date Assigned:	09/22/2014	Date of Injury:	11/08/2002
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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 and 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 55-year-old female who reported injury on 11/08/2002. The injury was reported to have occurred while transferring a client from a bed to a shower. The diagnoses include status post decompression, discectomy, and fusion of the lumbar spine, status post removal of hardware, intractable pain, bilateral lower extremity radiculitis, CRPS bilateral lower extremities, failed back syndrome, and status post lumbar spinal cord stimulator trial, failed, 07/30/2012. The past treatments included chiropractic treatment, spinal fusion of L3-S1 in 2004, aquatic therapy, physical therapy, lumbar and sacroiliac joint injections, rhizotomy to the right L5-S4, and spinal cord stimulation. The progress note, dated 06/03/2014, noted the injured worker complained of bilateral lower back pain, left lower extremity pain, and left hip pain. The pain was reported as an 8/10 with medication, and a 10/10 without medications. She reported the medications to be effective. She reported nausea and constipation related to medication use. Additionally, she complained of frequent "charley horses" to her left leg. The physical exam revealed restricted range of motion, and paravertebral tenderness bilaterally, with a positive straight leg raise to the left side, seated and supine. The medications included Klonopin 2 mg twice a day, Soma 350 mg 3 times a day as needed for spasms, omeprazole 20 mg twice a day, and Zofran 8 mg 3 times a day. The treatment plan recommended potassium intake as well as multivitamin, and refilled her medications. The physician noted Zofran was for nausea which was caused by her analgesic medication, the Klonopin controls her anxiety, and without it would need a consultation with a psychiatrist as her anxiety would be significantly elevated. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg #60 with 3 refills: Upheld

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

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

Decision rationale: The request for Klonopin 2 mg #60 with 3 refills is not medically necessary. The injured worker reported low back pain, left lower extremity pain, and left hip pain, rated 8/10 with medications. The treatment plan reported the use of Klonopin to control her anxiety. The California MTUS Guidelines state 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker has been prescribed Klonopin since as early as 09/17/2013. This greatly exceeds the guidelines recommendations for short term therapy. There was no documentation of the efficacy of the medication to support continued use. Additionally, the frequency intended for use was not provided to determine medical necessity. The use of Klonopin is not supported by the evidence based guidelines, or in the documentation provided for review. Therefore, the request is not medically necessary.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The request for Soma 350 mg #90 with 3 refills is not medically necessary. The injured worker complained of low back pain, left lower extremity pain, and left hip pain, rated 8/10 with medications. She also reported frequent "charley horses" to her left lower extremity. The California MTUS Guidelines state Soma is not recommended for use. This medication is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant, with an effect of generalized sedation. Abuse has been noted for its sedative and relaxant effects. Soma is not recommended for use as a muscle relaxant for longer than a 2 to 3 week period and is not recommended for use by the California MTUS Guidelines. The injured worker had been prescribed Soma since as early as 09/17/2013. This greatly exceeds the 2 to 3 week recommendation. There was a lack of documentation of the efficacy of the medication to support continued use. The use of Soma is not supported by the evidence based guidelines. Therefore, the request is not medically necessary.

Zofran 8mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Zofran 8 mg #90 with 3 refills is not medically necessary. The injured worker reported nausea related to the use of Norco. The Official Disability Guidelines state Zofran is not recommended for treatment of nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is a common side effect which should diminish over days to weeks with continued exposure. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated. There was no assessment of the injured worker's symptoms. It is not clear how long the injured worker has been using Zofran, and there is no indication of the efficacy of the medication in the documentation provided. The frequency intended for use of the medication was not provided to determine medical necessity. As the evidence based guidelines do not support the use of antiemetics for the treatment of nausea secondary to opioid use, the use of Zofran is not supported at this time. The continued use of Zofran is not supported in the documentation provided for review. Therefore, the request is not medically necessary.