MAXIMUS Federal Services

Case Number:	CM14-0152948		
Date Assigned:	10/09/2014	Date of Injury:	09/15/1997
Decision Date:	11/12/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain medicine and is licensed to practice in Ohio and Texas. 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 58-year-old male who reported an injury of unspecified mechanism on 09/15/1997. On 07/25/2014, his diagnoses included Complex Regional Pain Syndrome type II of the upper limb and reflex sympathetic dystrophy of the upper limb. His complaints included pain in both upper extremities, abdomen and genitalia. He had difficulty with thermal regulation, fatigue, and right hand tremors. It was noted that his medications continued to provide functional gains in his ADLs (activities of daily living), mobility, and restorative sleep, and they contributed to his quality of life. His medications included Carisoprodol 350mg, Lidoderm 5% patch, Triazolam 0.25mg, Lyrica 200mg, Clonazepam 1mg, and Clonidine 0.3mg/24 hours patch. It was noted that he had been weaned off of his opioid medications. A Request for Authorization, dated 07/25/2014, was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction and Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for one urine drug screen is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was documented that the injured worker had no aberrant drug-related behaviors. Additionally, he had been weaned off of his opioid medications, and the request did not specify what medications were to be included in the screening. Therefore, this request for one urine drug screen is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available).

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

Decision rationale: The request for Soma 350mg #120 is not medically necessary. Per the California MTUS Guidelines, Soma is not recommended. This medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate, a schedule IV controlled substance. Abuse has been noted for sedative and relaxant effects. The main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter the effects of other drugs, including increasing sedation with Benzodiazepine use. The guidelines do not support the use of this medication. Additionally, there was no frequency included in the request. Therefore, this request for Soma 350mg #120 is not medically necessary.

Clonazepam 1mg #30: 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 rationale: The request for Clonazepam 1mg #30 is not medically necessary. Per the California MTUS 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. Tolerance develops within weeks to months, and long term use may increase anxiety. The clinical records showed that this injured worker has been taking Clonazepam since 01/26/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency included in the request. Therefore, this request for Clonazepam 1mg #30 is not medically necessary.

Triazolam 0.25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Triazolam 0.25mg #60 is not medically necessary. Per the California MTUS 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. Tolerance develops within weeks to months, and long term use may increase anxiety. The clinical records showed that this injured worker has been taking clonazepam since 02/21/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency included in the request. Therefore, this request for Triazolam 0.25mg #60 is not medically necessary.

Clonidine .3mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olympia (WA): Washington State Department of Labor and Industries; 2010, 55p

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, intrathecal.

Decision rationale: The request for Clonidine .3mg #4 is not medically necessary. Per the Official Disability Guidelines, Clonidine is recommended only after a short term trial indicates pain relief in patients who are refractory to opioid monotherapy or opioids for local anesthetic. There is little evidence that this medication provides long term pain relief, and no studies have investigated the neuromuscular, vascular, or cardiovascular physiologic changes that can occur over a longer period of administration. This request does not specify the form of medication, the route of administration, or the frequency. Therefore, this for Clonidine .3mg #4 is not medically necessary.