

Case Number:	CM14-0171465		
Date Assigned:	10/23/2014	Date of Injury:	10/23/2008
Decision Date:	11/26/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 62 year old female with a date of injury on 10/23/2008. Diagnoses include cervical spondylotic myelopathy with stenosis at C5-7. Subjective complaints are of neck pain that radiates down both arms. Physical exam showed full cervical range of motion, decreased hand grip strength bilaterally, with intact reflexes and sensation. Blood pressure was 150/87. Medications include Restoril, carisoprodol, Dorzolamide/Timolol eye drops, metformin, Requip, lisinopril-hydrochlorothiazide, omeprazole, hydrocodone/apap, and Brimonidine eye drops.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Carisoprodol 350mg tab, take 1 bid po #90, on 4/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants.

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

Decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. 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. This patient has used carisoprodol

chronically, which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.

Retrospective request for Dorzolamide-Timolol 2 percent-0.5 percent 1 gtt q12h OD on 4/9/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bausch & Lomb Incorporated, Dorzolamide HCl/Timolol Maleate Ophthalmic Solution

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Dorzolamide-Timolol www.drugs.com

Decision rationale: FDA prescribing information indicates that dorzolamide/timolol is indicated for lowering intraocular pressure in patients with open-angle glaucoma or ocular hypertension. For this patient, records indicate that the patient was seen by an ophthalmologist on 12/2/13, but the assessment and findings are not in the submitted documentation. Therefore, the medical necessity of this medication is not established at this time.

Retrospective request for Hydrocodone/Acetaminophen 10-325mg on 4/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of hydrocodone/apap is not established at this time.

Retrospective request for Brimonidine 0.2 percent eye drops 1 gtt q12h OD on 4/9/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bausch & Lomb Incorporated, Brimonidine Tartrate Ophthalmic Solution/drops

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Brimonidine www.drugs.com

Decision rationale: FDA prescribing information indicates that brimonidine is indicated for lowering intraocular pressure in patients with open-angle glaucoma or ocular hypertension. For this patient, records indicate that the patient was seen by an ophthalmologist on 12/2/13, but the assessment and findings are not in the submitted documentation. Therefore, the medical necessity of this medication is not established at this time.