

Case Number:	CM14-0022262		
Date Assigned:	05/09/2014	Date of Injury:	05/29/2001
Decision Date:	07/10/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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 New Jersey. 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 worker is a 52 year old female who was injured on 5/29/01 requiring emergency surgery to her right leg, later requiring a right hip replacement. She was diagnosed with lumbar intervertebral disc disease and has had chronic pain in her right hip and lower back. Also, anxiety and depression developed later since her injury. She was treated with oral medications including muscle relaxants, opioids, and benzodiazepines, lumbar epidural injections, home exercises, and home care. The worker saw her treating physician, (an orthopedist) on 1/7/14 complaining of intermittent to frequent flare-ups of her lower back and right hip pain with radiation and numbness/tingling into her right leg and foot. She then rated her pain level at an 8/10 on the pain scale. She reported not working. She reported using Vicodin ES, Soma, and Valium. Physical examination revealed tenderness on lateral aspect of her right hip and lumbar spine, antalgic gait, and decreased range of motion. Her physician also referred the worker to a psychiatrist months prior to this date to help manage her anxiety and depression. She was then recommended to receive another epidural injection, continue her oral medications as needed, and return in 3 months. A urine drug screen done on that same day revealed methamphetamine and amphetamine levels as well as benzodiazepines (not prescribed) as well as no Soma was detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA (DOSAGE AND QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol Page(s): 63-66, 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, she appeared to at least not be using this medication, based on the urine drug screen, very often, and she has surpassed a period length that would be considered short-term. Also, the worker showed signs of drug abuse behavior, and as Soma has potential for abuse, this would not be an appropriate choice of drug for her. No mention of dose quantity or duration was provided for review. For these reasons, the Soma is not medically necessary.

VALIUM (DOSAGE AND QUANTITY UNKNOWN): 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 Guidelines for Chronic Pain state that Benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The Chronic Pain Medical Treatment Guidelines suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, it appeared that she had been abusing other benzodiazepines, based on the urine drug screen, and would likely benefit from switching to a first-line treatment such as an SSRI for her depression and anxiety, which would be appropriate for a psychiatrist to direct. She also has clearly surpassed the 4 week period for recommended use. Also, no dose, frequency, or duration was mentioned in the request. For these reasons, the Valium is not medically necessary.

VICODIN (DOSAGE AND QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: Chronic Pain Medical Treatment Guidelines require that for opioid use, there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The Chronic Pain Medical Treatment Guidelines also recommends discontinuing opioids in situations of abuse, addiction, or possible diversion and would benefit from a consultation with a physician trained in addiction for a possible detoxification. In the case of this worker, no documentation was seen in the notes provided showing functional improvement or pain relief due to this medication specifically. Also, the worker showed clear signs of drug abuse based on the urine drug screen, which would warrant discontinuing of addictive medications and a referral to a specialist. No mention of the drug's dose, frequency, or duration was provided. For these reasons, the Vicodin is not medically necessary.