

Case Number:	CM14-0026331		
Date Assigned:	06/13/2014	Date of Injury:	11/07/2006
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 59 year old female who sustained an injury on 11/07/06 when she was assaulted. The injured worker sustained multiple injuries including injuries to the low back, shoulders, and legs. The injured worker's prior treatment has included shoulder surgical procedures as well as carpal tunnel releases performed bilaterally. Prior medication use has included anti-inflammatories, narcotic analgesics, and muscle relaxers. The injured worker reported side effects from Flexeril and a lack of response to Norflex. The last toxicology results were from February of 2013 which noted positive findings for both Soma and Norco. The injured worker had been followed by [REDACTED] for pain management. Prescribed medications included topical Voltaren gel, Ibuprofen 800mg, Norco 10/325mg, Soma 350mg, and Xanax .5mg. The injured worker had continuing complaints of chronic low back pain with myofascial trigger points. The clinical evaluation on 11/27/13 noted pain 3-4/10 on the visual analogue scale. A physical examination noted tenderness to palpation in the lumbar spine over the facets and paraspinal musculature. There was an antalgic gait noted. Loss of lumbar range of motion was present. No sensory loss was identified. The injured worker was noted to have not been authorized for epidural steroid injections although these were recommended. Ibuprofen, Norco, Soma, and Xanax were continued at this evaluation. A follow up on 02/13/14 discussed the injured worker's chronic left shoulder pain, low back pain, and radiating symptoms to the left lower extremity with associated numbness. Pain scores were ranging from 3-8/10. The injured worker described fatigue, loss of appetite, and loss of physical strength. The injured worker was reported to be managed with Xanax. The physical examination findings remained unchanged. The injured worker was reported to have no evidence for impairment, abuse, diversion, or hoarding of medications. Follow up on 04/17/14 noted no changes in symptoms. The injured worker reported that her medications were helping to reduce pain and allow her to be

independent with activities of daily living. No specific pain scores were noted at this evaluation. The physical examination findings again remained unchanged. The requested Soma 350mg, quantity 60 with 2 refills, Xanax .5mg, quantity 90 with 2 refills, Ambien 10mg, quantity 30 with 2 refills, and Voltaren 1% gel, quantity 5 with 2 refills were all denied by utilization review on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 35 MG #60 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Based on the clinical documentation provided for review and current evidence based guideline recommendations, the request is not medically necessary.

XANAX .05 MG #90 X2: Upheld

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

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

Decision rationale: The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Based on the clinical documentation provided for review and current evidence based guideline recommendations, the request is not medically necessary.

AMBIEN 10 MG #30 X2: 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 Chapter, Zolpidem.

Decision rationale: The use of Ambien to address insomnia is recommended for short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. Based on the clinical documentation provided for review and current evidence based guideline recommendations the request is not medically necessary.

VOLTAREN 1% GEL #5 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The clinical documentation provided did not indicate the injured worker was unable to tolerate oral anti-inflammatories or that any oral medication use was contraindicated. Voltaren gel can be considered as a second line option in the treatment of acute musculoskeletal pain when oral anti-inflammatories either fail or are not tolerated. As the clinical documentation provided for review did not identify any recent exacerbation of the injured worker's chronic pain symptoms or noted indications that would have contraindicated oral anti-inflammatory use, the request is not medically necessary.