MAXIMUS Federal Services

Case Number:	CM14-0028804		
Date Assigned:	06/16/2014	Date of Injury:	06/29/2010
Decision Date:	07/23/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine, has a subspecialty in 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 patient is a 31 y/o female, DOI 6/29/10. A cumulative injury was filed and she has developed chronic pain involving the neck, upper back, right shoulder, and upper extremities. She has been treated with bilateral carpal tunnel releases, physicial therapy, acupuncture, chiropractic and analgesics. None of the treatments, including analgesics, have significantly improved function or reported pain levels. A right shoulder arthroscopy is planned in the near future. MRI scanning of the cervical spine has not revealed any changes causing nerve compression. Her primary treating physician sees her on a monthly basis and medications/compounds are office dispensed on these visits. Hydrocodone has been authorized at #120 tabs/month.

IMR ISSUES, DECISIONS AND RATIONALES

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

(RETROSPECTIVE) ALPRAZOLAM 0.5MG # 30 (DOS 1/9/14): 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: Alprazolam is a Benzodiazepine. MTUS Chronic Pain Guidelines are very clear that this class of drugs should be avoided for long term use due the quick development of tolerance and a very high addictive potential. There are other preffered medication classes for treatment of anxiety and/or their hypnotic effect. The medical records do not support an reasonable exception to the Guideline recommendations. The Alprazolam is not medically necessary.

(RETROSPECTIVE) MENTHODERM GEL 15-10% 120GM # 1(DOS 1/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Methyl Salicylate Page(s): 111, 105.

Decision rationale: Menthoderm is a compounded product specficially developed for office dispensing as a specialized compounded pharmacutical. Similar products such as Ben Gay are readily available over the counter (OTC) and there are no studies supporting the compounded product as superior to what is available OTC. Unless there are well designed studies proving the superiority of the compounded product, it is reasonable to conclude that it is not medically necessary. MTUS chronic pain guideines are not supportive of compounded topicals unless there is actual quality medical support for effectiveness vs. available alternatives.

(RETROSPECTIVE) PANTOPRAZOLE SODIUM DR 20 MG (DOS 1/9/14) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI risk Page(s): 68.

Decision rationale: Pantoprazazole is a proton pump inhibitor indicated for use with gastritis, ulcers or GERD. None of these conditions are noted in the records reviewed. When used long term this class of medications is not benign as they are associated with increased fractures, pulmonary infections and dysregulation of biological metals. MTUS guidelines do not recommend their use without specific risk factors being present. If possible, chronic use is discouraged. The medical records do not support chronic use. From the information available in the medical records it does not appear to be medically necessary.

(RETROSPECTIVE)CYCLOBENZAPRINE HCL 7.5MG (DOS 1/9/14) # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Chronic Pain Guidelines are very specific on this issue: Cyclobenzaprine is not recommended for long term use. The patient is not noted to have significant muscle spasm and there is no evidence of meaningful benefits from the medication. There is no compelling reason for an exception to the Guidelines recommendations. It is not medically necessary on a long term basis.

(RETROSPECTIVE) SOMA 350MG (DOS1/9/14) # 30: Upheld

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

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

Decision rationale: Soma (Carisoprodol) has fallen out of favor and MTUS Chronic Pain Guidelines recommend it not be utilized. It's activity is due to a metabolite called Meprobamate which is a minor tranquilizer that is no longer recommended and has been banned in many countries. There is no evidence of objective improvements secondary to the use of Soma. If it is being used primarily as a sleep aid there are other drug classes that are recommended. There is no compelling reasons for an exception to the Guideline recommendations. The medication is not medically necessary.