

Case Number:	CM14-0030225		
Date Assigned:	06/20/2014	Date of Injury:	05/07/2003
Decision Date:	07/30/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 patient is a 59 year-old with date of injury 05/07/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/30/2013, lists subjective complaints as ongoing, chronic pain in the cervical spine and right shoulder. Mechanism of injury was not provided in the medical records as the injury is 11 years old. The patient has previously been treated for low back pain, lumbar radiculopathy, lumbar degenerative disc disease, post laminectomy syndrome, endplate L5 vertebral body compression fracture, right shoulder pain and depression. Objective findings: Examination of the cervical spine and right shoulder revealed tenderness to palpation. No obvious swelling or deformity was noted. Diagnosis: 1. Cervicalgia 2. Right shoulder pain. The medical records provided for review document that the patient has been taking the following medications for at least as far back as the dates provided below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablet 350mg #90: Upheld

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

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. The patient has been taking soma since at least March 2013. As such, carisoprodol tablet 350mg #90 is not medically necessary.

Clonazepam tablet 2mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Pain (Chronic).

Decision rationale: The Official Disability Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Records indicate that the patient has been taking clonazepam since at least April 2013. Clonazepam tablet 2mg #60 is not medically necessary.

Hydroco/apap tablet 10-325mg #180: 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 Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.