

Case Number:	CM14-0032819		
Date Assigned:	06/20/2014	Date of Injury:	08/11/1998
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 56-year-old male who was reportedly injured on August 11, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of low back pain. It was stated that the injured employee's pain without medications was 7/10 to 8/10 and with medications was 4/10 to 5/10. The physical examination demonstrated lumbar spine tenderness and the absence of muscle spasms. There was a normal neurological examination. The treatment included prescriptions of Norco, Soma, Lidoderm Patches and tramadol. A request had been made for Lidocaine patches, tramadol and alprazolam and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG FOUR (4) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations of patients with chronic low back pain. The attached medical record does not specifically state that the injured employee has acute exacerbations of his chronic back pain, but additionally carisoprodol was not recommended for usage longer than a two to three (2 to 3) week time period. This request did not specify specifically how many tablets were prescribed. Carisoprodol is also classified as a Schedule IV controlled substance. For these multiple reasons, this request for Soma is not medically necessary.

LIDOCAINE PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that lidocaine patches are recommended for the treatment for neuropathic pain and only after a trial of a first line therapy, such as an antidepressant or an anti-epileptic medication. There was no documentation in the medical record that the injured employee has tried these first line medications, nor that was he diagnosed with neuropathic pain. For these reasons, this request for lidocaine patches is not medically necessary.

TRAMADOL 37.5/325MG TWO (2) TIMES A DAY, AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that for the chronic usage of opioid medications such as tramadol, there should be objective documentation of its benefits to include decreased pain, increased level of function, improved quality of life and ability to perform activities of daily living. Also included should be documentation of any potential side effects and screening for abuse/addiction. Without this objective documentation in the attached medical record, this request for tramadol is not medically necessary.

NORCO 10/325MG FOUR (4) TIMES A DAY, AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that for the chronic usage of opioid medications, such as Norco, there should be objective documentation of its benefits to include decreased pain, increased level of function, improved quality of life and ability to perform activities of daily living. Also included should be documentation of any potential side effects and screening for abuse/addiction. Without this objective documentation in the attached medical record, this request for Norco is not medically necessary.

ALPRAZOLAM 0.5MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Alprazolam (updated July 10, 2014).

Decision rationale: Alprazolam is a benzodiazepine. According to the Official Disability Guidelines, benzodiazepines are not recommended for long-term use, because their efficacy is unproven, and there is risk of psychological and physical dependence. Usage should be limited to just four (4) weeks time to to rapid development of tolerance to hypnotic effects. This request for alprazolam does not indicate the number of tablets requested for the duration of usage, nor is there a specific indication mentioned in the attached medical record for the usage of alprazolam. For these reasons, this request for alprazolam is not medically necessary.