

Case Number:	CM14-0039825		
Date Assigned:	06/27/2014	Date of Injury:	12/29/2010
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 46-year-old male who reported an injury on 12/29/2010. The mechanism of injury was a slip and fall. The diagnoses include pain disorder, generalized anxiety disorder, depression disorder. Previous treatments include CT, psychiatric care, and medications. In the clinical note dated 02/20/2014, it was reported the injured worker complained of difficulty with his memory. The injured worker rated his pain 7/10 in severity. He complained of pain to his mid to low back, ribs on the right, and left neck. The injured worker underwent a Beck Anxiety Inventory Test and it noted the injured worker had psychiatric symptoms as an occurrence to the industrial injury. The request submitted is for alprazolam, carisoprodol, and hydrocodone. However, a rationale is not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg, QTY: 60: 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 injured worker complained of difficulty with his memory. He complained of rib and lumbar spine pain. He noted his pain 7/10 in severity. The California MTUS Guidelines do not recommend alprazolam for long term use because of long term efficacy has been unproven and there is risk of dependence. The guidelines note limited use of alprazolam to 4 weeks. The injured worker had been utilizing the medication for an extended period of time since at least 12/2010 which exceeds the guidelines recommendation of short term use of 4 weeks. There was a lack of documentation indicating the efficacy of the medication as evidence-based significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.

Carisoprodol 350mg, QTY: 90: 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): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS and pain in overall improvement. Also, there is no additional benefit shown in combination with NSAIDS. The efficacy appears to diminish overtime, and prolonged use of some medications from this class may lead to dependence. There is a lack of documentation indicating the injured worker is treated for muscle spasms. The injured worker has been utilizing the medication since at least 12/2010 which exceeds the guidelines recommendations of short term use of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidence-based significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.

Hydrocodone/APAP 10/325mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen for inpatient treatment with issues of abuse, addiction, poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 12/2010. There is lack of documentation indicating the medication had been

providing objective functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is non-certified.