

Case Number:	CM14-0048882		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2006
Decision Date:	07/25/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopedic Surgery 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 52 year-old female who was reportedly injured on May 17, 2006. The mechanism of injury is not listed in these records reviewed. There were no progress notes presented for review, the only clinical information comes from the previous utilization review assessments. The diagnoses are noted as cervical degenerative disc disease, status post anterior cervical fusion, right shoulder impingement syndrome with a rotator cuff tendinopathy and a right carpal tunnel release. Previous treatment includes surgical intervention, physical therapy and multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF KLONOPIN 1MG #45 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 24 of 127.

Decision rationale: The medication requested is a benzodiazepine. This medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of

dependency. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are for treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. As such, when noting there are no medical records are presented, this is not medically necessary.

SOMA 350 MG # 120 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Carisoprodol Page(s): 29 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the lack of any clinical documentation provided, there is no objective rationale for deviation from the guidelines. As such with very specific recommendation of the CAMTUS against the use of this medication, this medication is not medically necessary.

DSS SODIUM 250 MG # 60 WITH 3 REFILLS: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 77 of 127.

Decision rationale: The records reflect that a separate laxative preparation had been prescribed that is being used. There are no medical records against the need for a 2nd medication to address constipation. Therefore, there is no medical necessity established for this request.