

Case Number:	CM14-0066643		
Date Assigned:	07/11/2014	Date of Injury:	05/15/2009
Decision Date:	09/12/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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:

This case involves a 56 year old male who sustained an injury on 05/15/2009. The request for authorization is for Triazolam, Carisoprodol and Hydrocodone/APAP. Per the report dated 01/20/14, the injured worker reported no significant change in his chronic neck and low back pain. The injured worker stated he had neck pain radiating to both upper extremities and was using Norco with limited help. He still had low back pain where he had an occult compression fracture that was discovered in April 2013. He concluded by stating that he was doing better with Halcion for insomnia. The injured worker was diagnosed with right L5 and S1 radiculopathy. He had a surgical incision in the neck that was intact and slightly decreased range of motion with tightness and spasm. There was no examination of the low back. He had a T8 compression fracture with documented 50% loss of height and an MRI was ordered and a kyphoplasty was recommended. He was to continue Norco, Soma, and Halcion. He was also given a medical food Sentra PM. On 07/16/14, he stated his medications helped minimally and he felt popping and grinding in his neck when turning to the left. He had constant pain that radiated to both shoulders and his upper back along the C5/C6 dermatomes. His medications did not last long enough and was on Halcion for insomnia and Norco for pain control. The 4 A's were addressed. His medications included Norco, Dilaudid, Halcion, Hydrocodone/APAP 10/325, Soma, and Nabumetone. The anterior surgical incision of the abdomen was intact but his low back was not otherwise examined. Epidural steroid injection was recommended for the cervical spine. He was to continue Norco, Soma, Halcion, and Relafen. The urine toxicology screen was ordered. He received Toradol on 06/18/14 other than that his medications were the same. He has been receiving Norco and Soma for a prolonged period of time. The injured worker had a QME which he was found to be permanent and stationary on 05/15/14. He report, at the time of the QME, he had fell back on his back and right side. He reported taking Norco only and had good

range of motion of the cervical spine. He does have multilevel cervical and lumbar DDD with facet arthritis. It was noted that the injured had multiple injuries over the years and he was recommended to receive anti-inflammatory medications or mild analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam 0.25MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for Triazolam 0.25 mg #45. The MTUS state "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The MTUS further state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, the injured worker has been taking Triazolam for what appears to have been a prolonged period of time but his pattern of use and the specific benefit he receives from the use of this medication are unknown. The claimant reportedly uses it for sleep but his pattern of use and the specific benefit to him of its use are unknown. The medical necessity of the continued use of Triazolam 0.25 mg #45 has not been clearly demonstrated. As such, this request is not medically necessary.

Carisoprodol 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Medications for Chronic Pain Page(s): 60; 94.

Decision rationale: The history and documentation do not objectively support the request for carisoprodol 350 mg #90 but one half the requested quantity (or #45) can be recommended for weaning purposes. The MTUS state on p. 60 that carisoprodol is "not recommended. This

medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: a) increasing sedation of benzodiazepines or alcohol; b) use to prevent side effects of cocaine; c) use with tramadol to produce relaxation and euphoria; d) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & e) as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. (Reeves, 2007) "In this case, there is no evidence of significant spasms or benefit to the claimant from the use of this type of medication. The MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." "The anticipated benefit to the claimant of the continued use of this medication has not been clearly demonstrated. A modification of this request for Soma 350 mg can be recommended at one half the requested quantity for weaning purposes.

Hydrocodone/APAP 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Hydrocodone/APAP 10/325 mg #180. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that

periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Hydrocodone/APAP is unclear other than that he takes it and it is stated to help. However, he has also stated at some visits that it does not last long enough. There is no evidence that a signed pain agreement is on file, no evidence that a pain diary has been recommended or is being kept by the injured worker or reviewed by the prescriber at his follow up office visits. The recommended dosage of this medication, in particular the frequency of the doses, is unclear. As such, the medical necessity of the ongoing use of Hydrocodone / APAP 10/325 mg #180 has not been clearly demonstrated. Therefore, the request is not medically necessary.