

Case Number:	CM14-0067171		
Date Assigned:	07/11/2014	Date of Injury:	03/23/2003
Decision Date:	09/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 57-year-old female who reported an injury on 03/23/2003. The mechanism of injury was not provided. On 01/07/2014, the injured worker presented with weakness in her legs and neck with low energy. Upon examination, there was moderate generalized tenderness to the lumbar area with a flat back. The diagnoses were radiculopathy of the cervical spine, and numbness and paresthesia of the skin. Medications included temazepam, Norco, diazepam, Soma, and phentermine HCl. The provider recommended temazepam, diazepam, Norco, and Soma. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg RF:3: 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: California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. There was lack of documentation of the efficacy of the medication documented to support continued use, and the frequency was not provided in the request as submitted. Therefore, based on the documents provided, the request is not medically necessary and appropriate.

Diazepam 10mg #60 RF:3: 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: California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. There was lack of documentation of the efficacy of the medication documented to support continued use, and the frequency was not provided in the request as submitted. Therefore, based on the documents provided, the request is not medically necessary and appropriate.

Norco 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids in the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established and the request is not medically necessary and appropriate.

Soma 350mg #60: Upheld

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

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

Decision rationale: The California MTUS does not recommend Soma. The medication is not indicated for long term use. It has been suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. There is lack of documentation provided in the medical documents submitted to support approving outside the guideline recommendations. As such, medical necessity has not been established and the request is not medically necessary and appropriate.