

Case Number:	CM14-0077560		
Date Assigned:	07/18/2014	Date of Injury:	02/10/2009
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 59-year-old female who reported an injury on 02/10/2009. The mechanism of injury was not stated. The current diagnoses include inflammatory neuropathy, lumbar postlaminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, and inguinal hernia. The injured worker was evaluated on 06/30/2014 with complaints of persistent pain in the groin and lower abdomen with radiation into the right lower extremity. The injured worker also reported worsening anxiety and depression. Physical examination revealed a normal gait, an anxious and depressed mood, normal range of motion of the lumbar spine, normal motor strength, and 2+ tenderness over the right lateral pubic bone. Treatment recommendations included continuation of the current medication regimen of alprazolam 2 mg, Soma 350 mg, Oxycodone 10/325 mg, and Opana ER 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg, Qty 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. The injured worker reports worsening anxiety and depression. There is also no frequency listed in the request. As such, the request is non-certified.

Alprazolam 1mg, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. The injured worker reports worsening anxiety and depression. There is also no frequency listed in the request. As such, the request is non-certified.

Carisoprodol 350mg, Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66 and 29.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is non-certified.

Oxycodone/Acetaminophen 10mg/325mg, Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is non-certified.

Opana ER 10mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is non-certified.