

Case Number:	CM14-0079980		
Date Assigned:	07/21/2014	Date of Injury:	03/19/1998
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 03/19/1998, the mechanism of injury was not provided. On 06/10/2014, the injured worker presented with nociceptive and muscle spasm pain. Current medications included, carisoprodol, diazepam, Duragesic, Lexapro, Senekot, MSIR, and Soma. Upon examination the injured worker had a blood pressure of 144/84, a heart rate of 66, temperature of 97.6 and a height of 5 ft 8 in. The diagnoses were failed spinal surgery syndrome, pseudarthrosis with broken fusion from surgery 1989, spinal cord stimulator implanted 2007, chronic pain state, status post 2 level fusion with posterior without hardware, and pseudarthrosis. The provider recommended gabapentin, Duragesic, diazepam, 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:

Gabapentin 300mg tab tritrate: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The injured worker is a 62-year-old male who reported an injury on 03/19/1998, the mechanism of injury was not provided. On 06/10/2014, the injured worker presented with nociceptive and muscle spasm pain. Current medications included, carisoprodol, diazepam, Duragesic, Lexapro, Senekot, MSIR, and Soma. Upon examination the injured worker had a blood pressure of 144/84, a heart rate of 66, temperature of 97.6 and a height of 5 ft 8 in. The diagnoses were failed spinal surgery syndrome, pseudarthrosis with broken fusion from surgery 1989, spinal cord stimulator implanted 2007, chronic pain state, status post 2 level fusion with posterior without hardware, and pseudarthrosis. The provider recommended gabapentin, Duragesic, diazepam, and Soma. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

Duragesic Patch 100mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) Page(s): 93.

Decision rationale: The request for the Duragesic patch 100 mcg, is not medically necessary. The California MTUS Guidelines indicate Duragesic patch for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy. The pain should not be able to be managed by any other means, such as NSAIDS and Duragesic should only be used in injured workers who are currently on opioid therapy for which tolerance had developed. There is lack of documentation of a complete and adequate pain assessment of the injured worker and lack of an adequate examination providing detailed current deficits to warrant a Duragesic patch. There is lack of information on if the injured worker is able to manage pain by any other means and there is lack of information that the injured worker requires around the clock opioid therapy. The provider's request does not indicate the quantity of the Duragesic patch or the site that it is indicated for in the request as submitted. As such, the request is not medically necessary.

Diazepam 5mg tap: Upheld

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

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

Decision rationale: The request for Diazepam 5 mg, tab is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term because long term efficacy is not proven and there is risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed diazepam since at least 03/2014, the efficacy of the medication has not been provided. Additionally, the guidelines recommend short term treatment and the additional request for diazepam exceeds the guideline recommendation

for short term therapy. The provider's request also does not indicate the quantity or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Soma 350mg tab: Upheld

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

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

Decision rationale: The request for Soma 350 mg, tab, is not medically necessary. The California MTUS Guidelines does not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed non-sedating muscle relaxants whose primary active metabolite is meprobamate. Abuse has been noted for a sedative and relaxant effect. As the guidelines do not recommend Soma, the medication would not be warranted. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. Additionally, the provider's request does not indicate the quantity or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.