

Case Number:	CM14-0184537		
Date Assigned:	11/12/2014	Date of Injury:	11/08/2012
Decision Date:	02/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 is a 42 year-old male who has reported neck, back, extremity pain after an injury on 11/08/2012. The diagnoses have included lumbar and cervical radiculopathy, disk disease, and spondylosis. On 01/20/2014 an upper extremity EMG/NCS revealed bilateral mild carpal tunnel syndrome and no cervical radiculopathy. The lower extremity EMG/NCS was negative for lumbar radiculopathy. Some examination reports of the cervical spine and low back showed muscle spasm. Treatment has included chiropractic, medications, physical therapy, injections, and surgery. A cervical fusion was performed on 04/20/13. Treating physician reports from three treating physicians are available from December 2013 to October 2014. The prescriber of Soma (carisoprodol) and temazepam has submitted reports from December 2013 to October 2014. Those reports reflect temporarily totally disabled work status, ongoing neck and back pain with no improvement, no discussion of the specific results or indications for any medication, no discussion of function, and prescribing of a variety of benzodiazepines, opioids, hypnotics, and carisoprodol. Benzodiazepines (Valium and/or Halcion) have been prescribed chronically since at least 2013. Carisoprodol has been prescribed since at least August 2014. On 10/17/14 Utilization Review certified hydrocodone and non-certified carisoprodol and temazepam. The rationale for the decisions and any cited guidelines were not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for carisoprodol tab 350mg day supply 30 QTY: 90: 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 muscle relaxants; Carisoprodol Page(s): 63; 29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, carisoprodol is not indicated and is not medically necessary.

1 Prescription for temazepam cap 30mg day supply 30 QTY: 30: 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 Benzodiazepines; Muscle Relaxants Page(s): 24; 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit from this medication. The MTUS does not recommend benzodiazepines for long term use for any condition including as hypnotics. The MTUS does not recommend benzodiazepines as muscle relaxants. The Official Disability Guidelines does not recommend long term benzodiazepines for sleep disorders. The medical records show long term prescribing of benzodiazepines, since at least December 2013. Temazepam is not prescribed according to the MTUS or the Official Disability Guidelines and is not medically necessary.