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| Case Number: | CM14-0188655 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 08/27/2004 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 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 underlying date of injury in this case is 08/27/2004, over a decade ago. The date of the utilization review under appeal is 10/16/2014. On 10/06/2014, the patient was seen in primary treating physician followup. That note is handwritten with only limited clinical information. The record does note that the patient had a myocardial infarction on 09/21/2014 and was under primary care physician care. The treating physician noted that the patient had decreased motion of the cervical and lumbar spine and that the diagnoses included cervical sprain, multilevel lumbar disc bulging, status post excision of a volar ganglion, status post left carpal tunnel release and right carpal tunnel release, and status post left shoulder arthroscopy. The treating physician deferred to the patient's primary care physician regarding the patient's ability to return to aquatic or other exercise. The treating physician also renewed refilled Norco, Soma, Xanax, Ambien, and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management in detail. The medical records at this time do not discuss functional goals of opioid use and overall do not meet the four A's of opioid management to support indication for ongoing Norco use. This request is not medically necessary.

Soma 350mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Soma, page 29, state that this medication is not recommended and not indicated for long-term use. This medication is particularly not indicated in combination with opioids, including hydrocodone which this patient has been prescribed. Overall Soma is not supported by the records and guidelines. This request is not medically necessary.

Xanax .5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on benzodiazepines, page 24, state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines state that chronic benzodiazepines is the treatment of choice in very few conditions. The medical records do not provide an alternate rationale in contrast to this guideline. Overall this request is not medically necessary.

Ambien 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain/Insomnia

Decision rationale: The Official Disability Guidelines/Treatment in Workers Compensation/Pain discusses insomnia treatment, noting that Ambien is indicated for the short-

term treatment of difficulty with sleep onset for up to 10 days. The records and guidelines do not support an alternative rationale for this medication on a chronic basis. Overall this request is not medical necessary.