

Case Number:	CM14-0200123		
Date Assigned:	12/10/2014	Date of Injury:	05/15/2009
Decision Date:	03/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 male who reported an injury on 05/15/2009. The mechanism of injury was reportedly due to a fall. His diagnoses included lumbago. Past treatments included medications and pain management program. On 11/12/2014, the patient complained of worsening pain rated 10/10 without medication and 7/10 with medications. He reported constant pain that radiates to the bilateral shoulders and upper back, C5-6 dermatomes. Physical examination revealed no significant changes in the injured worker's physical examination, slightly decreased range of motion, tightness and spasm at the trapezius and parascapular area. Current medications were noted to include Norco, Dilaudid, Halcion, hydrocodone/acetaminophen, Soma 350 mg taken 3 times a day and Halcion 0.25 mg taken at bedtime. The treatment plan included a re-request for authorization for cervical ESI due to increased pain with radicular symptoms. A request was received for carisoprodol 350 mg #90 and triazolam 0.25 mg #60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The request for Carisoprodol 350mg #90 is not medically necessary. The California MTUS Guidelines specifically state that the use of carisoprodol is not recommended. The clinical information indicated that the injured worker has been taking carisoprodol since at least 05/21/2014. However, as the guidelines specifically do not recommend the use of carisoprodol, the request is not supported. In addition, the request as submitted did not specify frequency of use. Therefore, the request for Carisoprodol 350mg #90 is not medically necessary.

Triazolam 0.25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The request for Triazolam 0.25mg #60 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use as efficacy is unproven and there is risk for dependence. The clinical information indicated that the injured worker has been using triazolam since at least 05/21/2014. However, there was no documentation with evidence of functional improvement with the use of the medication. In addition, as benzodiazepines are not recommended for long term use the request is not supported. Furthermore, the request as submitted did not specify frequency of use. Therefore, the request for Triazolam 0.25mg #60 is not medically necessary.