

<b>Case Number:</b>	CM14-0202168		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 10/28/2008. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of cervical syndrome with radiculopathy, R elbow sprain and lumbosacral syndrome with sciatica. Patient is post bilateral hand surgeries with noted bilateral carpal tunnel release and L middle finger trigger finger surgery. Medical reports reviewed. Last report available until 6/12/13. UR states that there were no newer progress notes provided for review despite requests. Patient had reportedly moved to Florida. Prior AME were reviewed. Subjective, objective and prior assessments. Patient had reported history of high blood pressure and high cholesterol. Patient had reported issues with pain and decreased function. There was also concern about psychological symptoms including insomnia. Medications at 6/12/13 were lisinopril, Zetia, Prilosec, Zoloft, Soma, Tylenol #3, Ambien and aspirin. Independent Medical Review is for Carisoprodol 350mg, Diazepam 5mg, Dorzolamide-timolol 2/0.5% eyedrops, Eszopiclone 3mg and Atorvastatin 20mg. Prior Utilization Review on 11/11/2014 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350MG tablet:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There are no recent progress notes provided therefore any prescriptions requested cannot be appropriately assessed or safely approved. Carisoprodol is not medically necessary.

**Diazepam 5mg Tablet:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diazepam (Valium)

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short term use due to high tolerance and side effects. There are no recent progress notes provided therefore any prescriptions requested cannot be appropriately assessed or safely approved. Diazepam is not medically necessary.

**Dorzolamide-Timolol 2 percent-0.5 percent eye drops 1gtt q 12h OD:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/cosopt-drugs/indications-dosage.htm>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>

**Decision rationale:** As per FDA approved drug database, Dorzolaminde-Timolol is an eye medications used for glaucoma. There is no documentation of that diagnosis and there is no rationale of how it relates to injuries. There are no recent progress notes provided therefore any prescriptions requested cannot be appropriately assessed or safely approved. Dorzolamide-Timolol is not medically necessary.

**Eszopiclone 3mg tablet:** 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(Chronic)>, <Insomnia Treatment>

**Decision rationale:** There is no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Lunesta/eszopiclone is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. There are no recent progress notes provided therefore any prescriptions requested cannot be appropriately assessed or safely approved. Eszopiclone is not medically necessary.

**Atorvastatin 20mg Tablet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Atorvastatin (Lipitor).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Diabetes>, <Statins>

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Atorvastatin is a statin, an anti-cholesterol medication. As per Official Disability Guidelines high cholesterol should be treated especially when patient has heart disease. Patient has a known diagnosis of high cholesterol. However, proper use of statins require close monitoring since there are significant side effects. There are no recent progress notes provided therefore any prescriptions requested cannot be appropriately assessed or safely approved. Atorvastatin is not medically necessary.