MAXIMUS Federal Services

Case Number:	CM14-0205807		
Date Assigned:	12/17/2014	Date of Injury:	07/27/2012
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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 Orthopedic Surgery 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:

54 year old female claimant with reported industrial injury of 7/27/12. Diagnosis is sprain/strain of the back and thoracic spine. Exam note from 11/21/14 demonstrates that claimant is 2 weeks postop from a right knee medial meniscectomy. Complaint is made of neck pain, left shoulder pain, lower back pain and bilateral knee pain. Exam demonstrates decreased sensation in the left hand. Diagnosis is made of cervical spine myoligamentous injury and postop medial meniscectomy. 11/21/14 exam demonstrates complaint of gastrointestinal distress, need for psychiatric medication. In addition complaint is made of headaches. Tenderness is noted in the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Norco 10/325mg tab, take 1 every 8hours, quantity: 90, refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 86, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has

improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note of 11/21/14 demonstrates no evidence of functional improvement, percentage of relief, or increase in activity while taking Norco. Therefore, the request is not medically necessary.

Valium 10mg tab, take once a day, quantity: 60, refill: 0: Upheld

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, there is no rational from the exam note of 11/21/14 why Valium is required. Therefore, the request for Valium is not medically necessary.

Soma 350mg tab, take 1 tab twice a Day, quantity: 60, refill: 0: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. In this case, the exam note from 11/21/14 does not demonstrate prior dosages and response to Soma. In addition, the guidelines do not recommend long term use. Therefore, the request is not medically necessary.

Prilosec 20mg Capsule, take 1 twice a Day, quantity: 60, refill: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 11/21/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

Ambien 10mg tab, take 1 every bedtime, quantity: 30, refill: 0: 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) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 11/21/14 of insomnia to warrant Ambien. Therefore, the request is not medically necessary.

Imitrex 50mg tab, take 1 as needed, quantity: 36: 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) Integrated Treatment / Disability Duration Guidelines Head (trauma, headaches, etc., not including stress & mental disorders)

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Imitrex. According to ODG, Head Chapter, Triptans, drugs such as Imitrex are indicated for migraine headaches. In this case, there is lack of proper documentation of chronic migraines from the exam note of 11/21/14. Therefore, the request for Imitrex is not medically necessary and appropriate.