

Case Number:	CM15-0001876		
Date Assigned:	01/12/2015	Date of Injury:	12/24/2007
Decision Date:	03/09/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male, who sustained an industrial injury on 12/27/2007. The diagnoses have included cervicalgia, cervical and lumbar chronic pain, cervical fusion is coming apart and increased loss of sensation in fingers, dropping more things. Treatment to date has included cervical fusion 3/29/2012, physical therapy, injections, home exercise program, medications. Currently, the IW complains of severe pain without medications 10/10 and with medications 9/10 with spasms. Pain was from the axilla to elbow bilaterally, right greater than left. The injured worker was awaiting for pending cervical fusion revision. On 12/31/2014 Utilization Review non-certified Nucynta 100mg #150 modified to #120 pursuant to ODG Chronic Pain, Soma 350mg #60 pursuant to MTUS Chronic Pain Treatment Guidelines, Muscle Relaxant and ODG, and Diazepam 5mg #60 modified to #45 noting the MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg Qty: 150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The previous UR modified to allow for a wean which is appropriate. As such, the request for Nucynta 160 mg, #150 is not medically indicated.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain Page(s): 29, 63-66. Decision based on Non-MTUS Citation Pain, Soma (Carisoprodol)

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 350MG #60 is in excess of the guidelines and weaning should occur. As such, the request for SOMA 350MG #60 is not medically necessary.

Diazepam 5mg qTY: 6: Upheld

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

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

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "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." Records indicate that the patient has been on diazepam far in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. The original utilization review modified the request from Valium 5 mg #60 to Valium 5 mg #45 for weaning purposes, which is reasonable. The request Valium 10mg #60 is in excess of the guidelines. As such, the request for Diazepam 5mg #60 is not medically necessary.