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| Case Number: | CM15-0107358 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 08/24/2001 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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: California
 Certification(s)/Specialty: Emergency 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 46 year old male who sustained an industrial injury on 08/24/2001. Current diagnoses include failed back surgery syndrome, lumbalgia, lumbar radiculopathy, lumbar facet joint dysfunction, cervicalgia, cervical radiculopathy, cervical spondylosis, cervical facet joint dysfunction, and right acromioclavicular degenerative joint disease. Previous treatments included medications, lumbar fusion. Initial injuries sustained included the lower back, right shoulder, and neck. Report dated 05/11/2015 noted that the injured worker presented with complaints that included continued lower back pain with radiation into the right lower extremity, increased neck pain with radiation to the right upper extremity, and gradually increasing right shoulder pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the lumbar spine. The treatment plan included following up in 8 weeks. Disputed treatments include carisoprodol and temazepam.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: The requested Carisoprodol 350mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued lower back pain with radiation into the right lower extremity, increased neck pain with radiation to the right upper extremity, and gradually increasing right shoulder pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the lumbar spine. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Carisoprodol 350mg #90 is not medically necessary.

Temazepam 30mg with 2 Refills: Upheld

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

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

Decision rationale: The requested Temazepam 30mg with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has continued lower back pain with radiation into the right lower extremity, increased neck pain with radiation to the right upper extremity, and gradually increasing right shoulder pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the lumbar spine. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Temazepam 30mg with 2 Refills is not medically necessary.