

Case Number:	CM15-0139172		
Date Assigned:	07/29/2015	Date of Injury:	02/05/2001
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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: Physical Medicine & Rehabilitation

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 62-year-old female, who sustained an industrial injury on February 5, 2001. The injured worker was diagnosed as having biceps tendon rupture, rotator cuff sprains and strains, depressive disorder not otherwise classified, unspecified myalgia and myositis, chronic disseminated shingles, jaw and sinus infection after dental extraction, and chronic skin lesions. Treatments and evaluations to date have included medication. Currently, the injured worker reports chronic left shoulder pain with associated spasms, stiffness, and weakness with severe shoulder pain, and more eye swelling and pain. The Primary Treating Physician's report dated July 9, 2015, noted the injured worker rated her pain as 10 on a scale of 0 (no pain) to 10 (worst pain). The injured worker's current medications were listed as Lorazepam, Soma, and Morphine Sulfate. Physical examination was noted to show the injured worker with a depressed affect and moderate anxiety. The left ankle was noted to have erythema and swelling up to the mid shin. The injured worker's left eye was noted to be swollen shut with drainage. The treatment plan was noted to include discontinuation of the Morphine due to swelling and itching, the addition of Cymbalta for pain and mood, the addition of Celebrex, an increase of the Soma to 4 per day, with prescriptions for the Celebrex, Cymbalta, Lorazepam, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The 62-year-old patient complains of left shoulder pain, rated at 10/10, along with associated spasms, stiffness and weakness, as per progress report dated 06/04/15. The request is for Lorazepam 0.5mg with 1 refill. There is no RFA for this case, and the patient's date of injury is 02/05/01. Diagnoses, as per progress report dated 06/04/15, included biceps tendon rupture, rotator cuff strains and sprains, depressive disorder, unspecified myalgia and myositis, chronic disseminated shingles, jaw and sinus infection, and chronic skin lesions. Current medications include Lorazepam, Soma and Morphine sulfate. The patient is permanently disabled, as per the same progress report. The MTUS Guidelines page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, Lorazepam is first noted in progress report dated 02/26/15. The patient has been taking the medication consistently since then. It is not clear when this treatment modality was initiated. In the 02/26/15 report, the treater states "Lorazepam works much better for anxiety over Diazepam." Progress reports do not provide any additional information regarding the efficacy of this medication. Additionally, Both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request is not medically necessary.

Soma 350mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol (Soma).

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

Decision rationale: The 62-year-old patient complains of left shoulder pain, rated at 10/10, along with associated spasms, stiffness and weakness, as per progress report dated 06/04/15. The request is for Soma 350mg with 2 refills. There is no RFA for this case, and the patient's date of injury is 02/05/01. Diagnoses, as per progress report dated 06/04/15, included biceps tendon rupture, rotator cuff strains and sprains, depressive disorder, unspecified myalgia and myositis, chronic disseminated shingles, jaw and sinus infection, and chronic skin lesions. Current medications include Lorazepam, Soma and Morphine sulfate. The patient is permanently disabled, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is first noted in progress report dated 02/26/15, and the patient has been taking the medication consistently since then. It is not clear when Soma was prescribed for the first time. Nonetheless, the treater does not document efficacy in terms of reduction in pain and improvement in function due to this medication. Additionally, MTUS does

not support long-term use of Soma beyond a 2 to 3 week period. Hence, the request is not medically necessary.

Duloxetine HCl DR 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 16-17.

Decision rationale: The 62-year-old patient complains of left shoulder pain, rated at 10/10, along with associated spasms, stiffness and weakness, as per progress report dated 06/04/15. The request is for Duloxetine HCl DR 30mg. There is no RFA for this case, and the patient's date of injury is 02/05/01. Diagnoses, as per progress report dated 06/04/15, included biceps tendon rupture, rotator cuff strains and sprains, depressive disorder, unspecified myalgia and myositis, chronic disseminated shingles, jaw and sinus infection, and chronic skin lesions. Current medications include Lorazepam, Soma and Morphine sulfate. The patient is permanently disabled, as per the same progress report. Regarding Cymbalta, the MTUS guidelines page 16-17 and SNRIs (serotonin noradrenaline reuptake inhibitors) section states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, none of the progress reports documents the use of Cymbalta. It is not clear if this is the first prescription of the medication or if the patient has used it in the past. The patient has been diagnosed with depressive disorder and may benefit from the medication. However, there is no discussion regarding efficacy. It is not clear if the medication is helping the patient or not. Given the lack of relevant documentation, the request is not medically necessary.