

Case Number:	CM15-0164956		
Date Assigned:	09/09/2015	Date of Injury:	12/01/2001
Decision Date:	10/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of December 1, 2001. In a Utilization Review report dated July 22, 2015, the claims administrator partially approved a request for Klonopin while denying a request for Soma. The claims administrator referenced a July 14, 2015 progress note in its determination. The applicant personally appealed in a letter dated August 14, 2015. The applicant contended on August 14, 2015 that she was using Norco at a rate of three to three and a half tablets a day. The applicant stated that she was using Klonopin for anxiolytic effect and/or for sedative effect. The applicant contended that she was using Klonopin currently at a rate of twice daily. The applicant contended that she was also pursuing in vitro fertilization. The applicant also noted that she had used Cymbalta and Robaxin in the past with some effect and was not necessarily opposed to resuming the same. The applicant stated that she was also pursuing in vitro fertilization treatment. On an RFA form dated July 15, 2015, electrodiagnostic testing, Norco, Klonopin, and Soma were endorsed. In an associated progress note of the same date, July 15, 2015, the applicant reported 5/10 pain with medications versus 7/10 without medications. Laundry, dishes, and driving remained problematic, it was reported. The applicant reported superimposed issues with sleep disturbance. The applicant's past medical history was notable for asthma, migraine headaches, carpal tunnel syndrome, and thoracic outlet syndrome, it was reported. The applicant had undergone wrist and elbow surgery, it was reported. The applicant was on Zantac, Norco, Klonopin, and Soma, it was reported. The applicant's BMI was 25. The applicant was given refills of Norco, Soma, and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in case of overwhelming symptoms, here, however, both the attending provider and the applicant acknowledged that this was a renewal or extension request. The applicant was seemingly using Klonopin on a twice daily, chronic, and/or long-term basis for sedative and/or anxiolytic effect, the applicant himself acknowledged in her appeal letter. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. The concomitant usage of Soma was not, thus, indicated in conjunction with the same. It is further noted that the 60-tablet renewal request for Soma, in and of itself, represents treatment in excess of the 2- to 3-week limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.