

Case Number:	CM15-0180173		
Date Assigned:	09/22/2015	Date of Injury:	03/14/2000
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, Tennessee

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 65 year old male, who sustained an industrial injury on 3-14-2000. Medical records indicate the worker is undergoing treatment for cervical sprain-strain, bilateral shoulder tendinitis, bilateral carpal tunnel syndrome, bilateral knee sprain, lumbosacral sprain-strain and plantar fasciitis. A progress note from 1-30-2015 noted the injured worker reported stomach irritation along with pain in the neck, bilateral shoulder, low back, bilateral lower extremities and bilateral wrists. Medications prescribed from the 1-30-2015 note included Soma, Tramadol and Prilosec and the injured worker was awaiting orthotics. A more recent progress note, dated 8-18-2015, reported the injured worker complained of a stiff and sore neck into the skull, intermittent shoulder pain, bilateral hand numbness, weakness and tingling, bilateral knee pain-left greater than right-that radiated down both legs, low back pain and feet tingling. Physical examination revealed cervical tenderness, lumbosacral tenderness, shoulder "limited range of motion" and bilateral feet and knee tenderness. Treatment to date has included bilateral foot orthotics, Tramadol, Soma, Halcion and Omeprazole. The physician is requesting Soma 350 mg #90, Halcion 0.25 mg #90 and Orthotics for bilateral feet. On 8-19-2015, the Request for Authorization requested Soma 350 mg #90, Halcion 0.25 mg #90 and Orthotics for bilateral feet. On 8-24-2015, the Utilization Review noncertified a request for Soma 350 mg #90, Halcion 0.25 mg #90 and Orthotics for bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG Qty 90: 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).

Decision rationale: Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request is not medically necessary.

Halcion .25 MG Qty 90: 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): Benzodiazepines.

Decision rationale: Halcion is the benzodiazepine, triazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the quantity of Halcion requested is sufficient for 3 months. This indicates long-term use and is not recommended. The request is not medically necessary.

Orthotics for Bilateral Feet (Pair): 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).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic Devices, Ankle foot orthosis.

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain. Ankle foot orthosis is recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. Prolonged supports or bracing are not recommended without exercise due of risk of debilitation. Plantar fasciitis is diagnosed when the patient complains of pain across the sole of her foot and pain with first step in the am. There is tenderness on compression of the plantar fascia. In this case the patient is diagnosed with bilateral plantar fasciitis. Documentation in the medical record is insufficient to support the diagnosis of plantar fasciitis. The patient does not have rheumatoid arthritis. Medical necessity has not been established. The request is not medically necessary.