

Case Number:	CM15-0185137		
Date Assigned:	09/25/2015	Date of Injury:	10/02/2004
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female patient who sustained an industrial injury on 10-2-04. The diagnoses include pain in joint forearm, joint pain shoulder, anxiety and insomnia. Per the doctor's note dated 8/20/15, she had complaints of constant ache radiating down the right shoulder and back and tingling and numbness in the wrist. The physical examination revealed right shoulder with impingement and right wrist pain. The medications list includes Norco since at least April of 2013, Lorazepam since at least April of 2013, Neurontin, Temazepam, Soma since at least April of 2013 and Amphetamine. She has history of right shoulder surgery and right carpal tunnel release. She has had EMG/NCS of the left upper extremity dated 7/27/15 with normal findings; cervical MRI and right shoulder MRI. The original utilization review (9-9-15) denied a request for Temazepam 15 milligrams quantity of 60, Amphetamine 10 milligrams quantity of 30 and Soma 350 milligrams quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 09/30/15) Benzodiazepine.

Decision rationale: Temazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "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." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olsson, 2015)" The prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Temazepam 15mg #60 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms and therefore is not medically necessary.

Amphetamine 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thomson Micromedex-Therapeutic use of amphetamine.

Decision rationale: FDA labeled indications for the amphetamine includes ADHD and narcolepsy. Detailed evidence of ADHD or narcolepsy is not specified in the records provided. A detailed psychiatric history and examination is not specified in the records provided. History regarding the patient's social functioning, employment status is not specified in the records provided. The medical necessity of Amphetamine 10mg #30 is not fully established for this patient.

Soma 350mg #120: 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: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation or muscle spasm is not specified in the records provided. The medical necessity of Soma 350mg #120 is not established in this patient at this time.