MAXIMUS Federal Services

Case Number:	CM15-0186040		
Date Assigned:	09/28/2015	Date of Injury:	12/04/2003
Decision Date:	11/24/2015	UR Denial Date:	08/18/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 12-4-2003. The injured worker is undergoing treatment for: right wrist and hand strain, right carpal tunnel syndrome, Kienbock's disease, right elbow and forearm tendinitis, right lateral epicondylitis, right lumbar radiculopathy, lumbar strain, right cervical spine radiculitis, cervical spine strain, right shoulder strain, anxiety, depression, and left knee pain. On 3-2-15, she reported right upper extremity pain rated 7 out of 10, lumbar spine pain with radiation to the lower extremities rated 7 out of 10, which are decreased to 3 out of 10 with medications. She indicated with medications she is able to perform her normal activities of daily living including grocery shopping. She also reported right thumb pain with numbness and tingling, right wrist and forearm pain, right elbow pain, neck pain with radiation into the right shoulder and upper extremity, anxiety, depression, recurrent falling (1-3 times per week) related to her right leg giving out, and left knee pain. The left knee pain is noted as a "consequence due to recurrent falls and chronic right lumbar radiculitis". On 7-3-15, she reported right upper extremity pain rated 7-8 out of 10 and indicated it was worsening. She also reported low back pain rated 3-4 out of 10, and right thumb numbness. She requested to alternate Flexeril with Soma. Physical findings revealed tenderness and decreased right shoulder range of motion, spasm and decreased range of motion in the cervical spine, tenderness and decreased range of motion in the bilateral knees, tenderness in the right ankle, tenderness and decreased range of motion in the right wrist, spasm and decreased range of motion in the low back, and positive straight leg raise test on the right. A report dated May 5, 2015 indicates that Ativan is prescribed for anxiety due to pain. Prilosec is prescribed for

stomach upset due to pain medication. Notes indicate that the patient is seeing a psychiatrist regularly. The treatment and diagnostic testing to date has included: psychiatric sessions (amount completed is unclear), medications, magnetic resonance imaging of the lumbar spine (8-7-10), urine toxicology screen (8-13-14), renal and hepatic blood work (8-13-14), AME (3-1-07). Medications have included: Ativan, Flexeril (since at least March 2015, possibly longer), Prilosec, Lexapro, Soma (reported as discontinued on 3-2-15), Morphine sulfate, Lortab, Phenergan and Voltaren gel, THC cookies. Current work status: permanently totally disabled. The request for authorization is for: Soma 350mg Sig: 1 by mouth as needed, quantity 60.The UR dated 8-18-15: non-certified Soma 350mg Sig: 1 by mouth as needed, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG Qty 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

Ativan 1 MG #10: 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) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Ativan (lorazepam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation

identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Ativan (lorazepam) is not medically necessary.

Prilosec 20 MG 30 Day Supply: Overturned

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): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from pain medication. As such, the currently requested omeprazole (Prilosec) is medically necessary.

Flexeril 10 MG #15: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Acupuncture 2x3 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, it is unclear what objective functional treatment goals are intended to be addressed with the currently requested acupuncture. As such, the currently requested acupuncture is not medically necessary.