

Case Number:	CM15-0186753		
Date Assigned:	09/28/2015	Date of Injury:	11/26/2005
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female with an industrial injury date of 11-26-2005. Medical record review indicates she is being treated for internal derangement of left shoulder and mechanical back pain. Subjective complaints (07-16-2015) are documented as "persistent" neck and shoulder pain. The pain rating is documented as 4 out of 10 with and 8 out of 10 without medications. The treating physician indicated the injured worker was purchasing denied meds and pain was alleviated to permit work. Prior progress notes dated 06-09-2015 and 03-03-2015 document the same pain ratings as listed in the 07-16-2015 note. Her medications included Hydrocodone-APAP, Soma, Alprazolam (all at least since 05-18-2014) and Ambien. Prior treatment included chiropractic treatments, physical therapy and medications. Prior medications included Zanaflex, Vicodin, Mobic, Lunesta and Celebrex. Physical exam (07-16-2015) revealed tenderness in the back with straight leg raising. Left shoulder abduction was documented to 120 degrees with pain. The treatment request is for: Soma 350 mg, #90 (3 x a day), Hydrocodone/APAP 7.5-325 mg, #150 4 x a day and at bedtime), Alprazolam 0.25 mg, #90 (3 x a day as needed). On 08-25-2015 the request for the treatments listed below was non-certified by utilization review: Soma 350 mg, #90 (3 x a day), Hydrocodone/APAP 7.5-325 mg, #150 4 x a day and at bedtime), Alprazolam 0.25 mg, #90 (3 x a day as needed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90 (3x a day): 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: Soma 350mg, #90 (3x a day) is not medically necessary per the MTUS Guidelines. The MTUS recommends against using Soma and state that it is not for long-term use. The MTUS states that abuse has been noted for sedative and relaxant effects of Soma. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.

Alprazolam 0.25mg, #90 (3x a day as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Benzodiazepines; ODG Mental Illness & Stress Sedative hypnotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Alprazolam 0.25mg, #90 (3x a day as needed) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Alprazolam since at least 5/18/14 and the documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Alprazolam is not medically necessary.

Hydrocodone/APAP 7.53325mg, #150 4x a day and at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Hydrocodone/APAP 7.5/325mg, #150 4x a day and at bedtime) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no objective urine toxicology screen for review. The documentation reveals that the patient has been on opioids without significant objective increase in function and without evidence of the MTUS recommended prescribing guidelines therefore the request for Hydrocodone/APAP is not medically necessary.