MAXIMUS Federal Services

Case Number:	CM15-0194600		
Date Assigned:	10/09/2015	Date of Injury:	03/22/2002
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female who sustained an industrial injury on 3-22-02. A review of the medical records indicates she is undergoing treatment for hypertension, gastritis, insomnia, and depression. Medical records (8-26-15) indicate complaints of depression and "arthritis pain" in bilateral hands, the thoracic spine, and lumbar spine. The objective findings include a blood pressure of 119-63, pulse of 63, and weight of 230. The treatment plan indicates continuation of "current meds" and to start Celebrex 200mg twice daily. The injured worker is to follow up in one month at the provider office. The request for authorization (8-26-15) includes Norco 10-325 every 8 hours #90, Celebrex 200mg twice daily #60, Zofran 8mg daily #60, Soma 350mg twice daily #60, Valium 10mg daily #60, Ambien 10mg at bedtime #30, Benazepril 10-12.5 daily #30, Ferrous Sulfate 325mg three times daily #90, and Vitamin B12 1000mcg daily #30. The utilization review (9-10-15) indicates denial of Zofran, Soma, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 8/28/15) for Zofran 8 mg #60 (Refills: 6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: Zofran is a medication used to prevent nausea or vomiting that may be caused by surgery or medication. CA MTUS/ACOEM is silent on the issue of Zofran/ Odansetron. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA- approved for postoperative use. In this case the exam note from 8/26/15 does not demonstrate evidence of nausea and vomiting. There is no documentation to support the injured worker had recent surgery, chemotherapy or radiation treatment. Therefore, according to the guidelines, the request is not medically necessary.

Retrospective request (DOS 8/28/15) Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. In this case, the exam note from 8/26/15 does not demonstrate prior dosages and response to Soma. The guidelines do not recommend long term use. In addition the guidelines do not recommend combining Soma with Norco. Therefore the determination is for not medically necessary.

Retrospective request (DOS 8/28/15) Valium 10 mg #60: Upheld

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "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 includessedative/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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case there is no rational from the exam note of 8/26/15 there is no diagnosis to justify why Valium is required. There is no indication in the documentation how long the worker has been treated with Valium. Long term use is not recommended by the guidelines. Therefore the request for Valium is not medically necessary.