

Case Number:	CM15-0203661		
Date Assigned:	10/20/2015	Date of Injury:	10/07/2004
Decision Date:	12/22/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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

Certification(s)/Specialty: Pediatrics, Internal 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 55 year old female, who sustained an industrial injury on 10-7-2004. The injured worker is undergoing treatment for: neck, shoulder and back pain, and lower leg joint pain. On 8-4-15, and 9-1-15, she reported no changes to her pain in the neck, shoulder and back. She indicated she was having continued difficulty with household chores such as cleaning and cooking. She stated she was relying on her daughter to help however this is indicated to be difficult as her daughter has children. She rated her pain 4 out of 10 with medications and 9-10 out of 10 without medications. She is reported as better able to perform activities of daily living and exercise with the use of medications. Objective findings revealed an antalgic gait, and ambulating in the examination room without assistance. There is no current discussion regarding insomnia. There is no discussion of pain reduction. The treatment and diagnostic testing to date has included: multiple sessions of aquatic therapy, right knee replacement (4-30-2008), multiple physical therapy sessions, and medications. Medications have included: Lidoderm patches, Norco, soma, OxyContin, glipizide, benazepril, mirtazapine. The records indicate she has been utilizing Lidoderm patches and Soma since at least November 2014, possibly longer. Current work status: permanent and stationary with permanent disability. The request for authorization is for: Rozerem 8 mg quantity 30, Lidoderm 5 percent patches quantity 30 with 3 refills, Soma 350mg quantity 90, and one re-evaluation for in home healthcare.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Rozerem 8mg #30: 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), Insomnia treatment.

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

Decision rationale: Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential). One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. This request is not medically necessary.

One (1) prescription of Lidoderm patches 5% #30 with 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines topical Lidocaine patches are indicated for neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There is definitive evidence of neuropathy such as an EMG/NCV or description of neuropathic findings on examination. This request is not medically necessary and appropriate.

One (1) prescription of Soma 350mg #90: Upheld

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

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

Decision rationale: Neither carisoprodol formulation is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on

a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. The documentation does not document muscle spasm which the Soma would treat or improvement in pain and/or function. This request is not medically necessary.

One (1) re-evaluation for in-home healthcare: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 1114, 05-06-11), Chapter 7 - Home Health Services, section 50.7.

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

Decision rationale: Per ODG guidelines, home healthcare is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation states that the IW believes that she requires home healthcare for help in household chores. The request is not medically necessary and appropriate.