

Case Number:	CM15-0033825		
Date Assigned:	02/27/2015	Date of Injury:	03/27/2001
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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:

The injured worker is a 61 year old female who sustained an industrial injury on 03/27/01. She reports depression, anxiety, and stress related medical complaints. Treatments to date include medications. She is also diagnosed with cervical and lumbar spine myofascial pain, left shoulder impingement, chronic over use syndrome bilateral elbows and wrist, and chondromalacia patella. In a progress report dated 01/29/15 the treating provider recommends continued treatment with Ativan, Soma, Tylenol #4, and Ambien. On 01/28/15 Utilization Review non-certified Soma, Tylenol #4, and Ativan, citing MTUS guidelines. Tylenol #4 and Ativan were modified to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 3 times daily for spasms #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and 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 & (5) as a combination with codeine. The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. In this case, the injured worker has been prescribed Soma for an extended period of time, and modification has been rendered on Utilization Review to allow for weaning. The request for is not medically necessary.

Tylenol #4 twice daily for pain #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

Decision rationale: Per the MTUS guidelines, long-term use of opioids is not supported. Long term opioid use leads to dependence and tolerance. Furthermore, as noted in ODG, the likelihood of receiving long-term opioids increases with number of pain sites, increased baseline pain, decreased baseline function, number of medical diagnoses, nicotine dependence, psychiatric diagnoses, lower self-reported mental health, fear avoidance beliefs, and lower certainty of return to work in the next six months. ODG notes that "the most likely mental health diagnoses are anxiety disorder and post-traumatic stress disorder. It is suggested that long-term opioids are often unknowingly being used to treat the sequelae of both physical and psychological trauma". The request for opioid treatment is not supported, and the medical records note that modification has been allowed to allow for weaning. The request for Tylenol #4 twice daily for pain #60 with 2 refills is not medically necessary.

Ativan 1 mg twice daily for anxiety #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the 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. The MTUS guidelines state that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety, and that a more appropriate treatment for anxiety disorder is an antidepressant. In this case, the injured worker has been prescribed Ativan for an extended period of time and Utilization Review has allowed for modification to allow for weaning. The request for Ativan 1 mg twice daily for anxiety #60 with 2 refills is not medically necessary.