

Case Number:	CM15-0037391		
Date Assigned:	03/05/2015	Date of Injury:	05/04/2012
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 38-year-old male who sustained a work related injury on May 4, 2012, after slipping and falling, injuring his low back and left elbow while delivering a milk crate. He was diagnosed with thoracic and lumbar neuritis, upper arm joint pain and lumbago. There are associated diagnoses of anxiety, depression and insomnia. Treatments included pain medications, anti-inflammatory drugs, physical therapy, epidural steroid injections and Transcutaneous Electrical Nerve Stimulation (TENS) Unit. Currently, the injured worker complained of increased left elbow pain and pain radiating down into the left leg and buttock with numbness and tingling and limited range of motion. There was objective finding of positive straight leg raising test and decreased sensation of the left foot dermatomes. The medications listed are Prosom for insomnia, Fetzmet for depression, Xanax and Ativan for anxiety. The IW is also utilizing Norco and Soma for pain. On February 16, 2005, a request for one prescription for Xanax 10 mg #120 was modified to one prescription of Xanax 10 mg #90; a request for one prescription for Soma 350 mg, #60 was non-certified; and one prescription for Norco 10/325 mg, #120 was modified to one prescription for Norco 10/325 mg #60 with taper off over a month with modified start and end dates of February 16, 2015 to March 16, 2015, by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepine for the treatment of anxiety be limited to periods of 4 to 6 weeks. The chronic use of benzodiazepines is associated with the rapid development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The guidelines recommend that antidepressants with anxiolytic and analgesic properties such as duloxetine be utilized as first line medications. The records indicate that the patient had been on chronic treatment with anxiolytic medications. There is no documentation of guidelines required compliance monitoring such as random UDS and functional restoration. The criteria for the chronic use of Xanax 10mg #120 was not met.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to short-term period during exacerbation of musculoskeletal pain. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The use of Soma is associated with increased incidence of adverse effects because of the central anesthetic like action of meprobamate, the active metabolite. The records indicate that the patient utilized Soma longer than the guidelines recommended maximum period of 4 to 6 weeks. The subjective and objective findings are not consistent with exacerbation of muscle spasm. The criteria for the use of Soma 350mg #60 was not met.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that is non-responsive to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with sedative medications. The guidelines require the documentation of serial random UDS, absence of aberrant behavior and functional restoration during chronic opioid treatment. The records did not show these guidelines required documentation. The patient is utilizing multiple sedatives concurrently. There is no documentation of failure of treatment with NSAIDs or non-opioid co-analgesic medications. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant analgesic medications. The criteria for the chronic use of Norco 10/325mg #120 was not met.