

Case Number:	CM15-0038052		
Date Assigned:	03/06/2015	Date of Injury:	04/24/2000
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 (IW) is a 47-year-old female who sustained an industrial injury on 04/24/2000. She has reported low back pain rated 8/10, and left knee pain, bilateral hip pain, and left shoulder pain rated 7/10. Diagnoses include cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and hip sprain/strain. According to the UR review of 02/02/2015, she also has bilateral occipital daily tension headache, migraine headache with aura, myofascial pain syndrome left neck and left shoulder, and low back pain. She also has right ilium posterior rotation with hypomobility of the right sacroiliac joint, bilateral sacroiliac enesthopathy, bilateral trochanteric bursitis, right tensor fascia lata enthesopathy and right ilio-tibial band syndrome, right piriformis syndrome with right sciatic neuritis, right leg radiating pain, depression and sleep disturbance due to chronic pain and disability, bilateral subacromial and bilateral subdeltoid bursitis. Treatment to date includes an injection in the right trochanteric bursa (10/14/2014). She also received bilateral trochanteric bursa and left iliolumbar and left sacroiliac ligament injections (11/11/2014). She is being treated with a pain specialist. A progress note from the treating provider dated 11/12/2014 indicates the IW has marked bilateral iliolumbar ligament tenderness, bilateral trochanteric bursa tenderness, and healed bilateral shoulder incisions. Treatment plan includes OxyContin 40 mg, Oxycodone 15 mg, Ibuprofen 800 mg, Senna/docusate, Xanax 0.5 mg, Atarax HCTZ 25 mg, Amlodipine 10 mg, and KCL 8 mEq. The UR report references a request for authorization for medical treatment (01/19/2015) and a medication list (01/19/2015) neither of which is not found in the submitted documentation. The follow up and request for authorization of a Primary treating physician dated 01/12/2015,

notes the IW has been cleared from a psychological standpoint for a spinal cord stimulator. A Medication Management Specialist is requested. On 02/02/2015, Utilization Review non-certified a request for Ambien 5mg #60 with 2 refills. Citing Non - MTUS, Official Disability Guidelines (ODG) and Mosby's Drug Consult, Zolpidem Tartrate (Ambien). On 02/02/2015, Utilization Review modified a request for Diazepam 10mg #90 with 2 refills to Diazepam 10mg #90 with 0 refills. The MTUS Guidelines and Non-MTUS, Official Disability Guidelines were cited. On 02/02/2015, Utilization Review non-certified a request for Soma 350mg #60 with 2 refills. The MTUS Guidelines and the Non-MTUS ODG were cited. On 02/02/2015, Utilization Review modified a request for Venlafaxine XR #90 with 2 refills to Venlafaxine XR #90 with refills . The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states: "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Diazepam on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for a 3-month supply of Diazepam 10mg i.e. #90 with 2 refills is excessive and not medically necessary.

Venlafaxine XR #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). There is no documented evidence of functional improvement with the ongoing use of Venlafaxine. Thus, the request for another 3 month supply i.e. Venlafaxine XR #90 with 2 refills is not medically necessary.

Soma 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- SOMA.

Decision rationale: Per FDA "SOMA is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. SOMA should only be used for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use has not been established and because acute, painful musculoskeletal conditions are generally of short duration" The request for ongoing use of SOMA is excessive and not medically necessary as it is not indicated for long term use. The medical necessity of Soma 350mg #60 with 2 refills is not indicated.

Ambien 5mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Zolpidem (Ambien) and Mosby's Drug Consult, Zolpidem Tartrate (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue ODG states: Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The request for Ambien 5mg #60 with 2 refills is excessive and not medically necessary as the guidelines recommend for Ambien to be indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Thus, a request for a 3 month is excessive and not medically necessary.