

Case Number:	CM15-0086598		
Date Assigned:	05/08/2015	Date of Injury:	03/01/2001
Decision Date:	07/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 59-year-old female, who sustained an industrial injury on 03/01/2001. The initial complaints or symptoms included bilateral hand pain and neck pain. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, electrodiagnostic testing, conservative therapies, injections, psychological therapy, cervical spine fusion surgery, bilateral shoulder surgeries, carpal tunnel release, and spinal cord stimulator implant. Currently, the injured worker was seen for re-evaluation on 03/20/2015 after undergoing a cervical facet median branch block, which resulted in complete pain relief for 3 days with the gradual return of cervical pain. The injured worker also reported the return of right shoulder pain. Currently, the injured worker is being treated with Duragesic, Norco, Anaprox and Prilosec. The diagnoses include cervical post-laminectomy syndrome, status post right shoulder rotator cuff repair, left shoulder impingement syndrome, status post carpal tunnel release, spinal cord stimulator placement, bilateral upper extremity radiculopathy with elements of complex regional pain syndrome, reactionary depression and anxiety, and medication induced gastritis. The request for authorization included Neurontin 600 mg #90, Norco 10/325 mg #120 and Duragesic 75 mcg #15 (all authorized), modified Xanax 0.5 mg #60, and non-certified Soma 350 mg #30, Nexium 40 mg #30 and Lunesta 3mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no justification provided to support chronic use of this high-risk medication with little benefit. Carisoprodol is not medically necessary.

Xanax 0.5mg #60: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 23-24.

Decision rationale: Xanax is a benzodiazepine. It appears to be prescribed for anxiety attacks. As per MTUS chronic pain treatment guidelines, it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms but number of tablets prescribed and documentation does not support intermittent use. Chronic use is not recommended for anxiety and can worsen anxiety if used chronically. Anti-depressants and other modalities is more appropriate for anxiety treatment. Xanax is not medically necessary.

Nexium 40mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk page(s): 68-69.

Decision rationale: Nexium is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS chronic pain guidelines, a PPI is recommended in patients on NSAIDs with dyspepsia or is at high risk of GI bleed. Patient is current on NSAIDs and prior documentation states that patient had complaints of dyspepsia when not on a PPI. Nexium is medically necessary.

Lunesta 3mg #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Eszopiclone (Lunesta).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Lunesta is a medication used for insomnia. As per Official Disability Guidelines, Lunesta is not recommended for long-term use since it can be habit forming and can lead to impaired memory and function. Patient has no objective improvement despite being chronically on Lunesta with continued sleep problems and has continued sleepiness despite claim of improvement in sleep. Chronic use of Lunesta is not medically necessary.