

Case Number:	CM14-0123443		
Date Assigned:	08/08/2014	Date of Injury:	09/16/2010
Decision Date:	10/28/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old female with a 9/16/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/1/14, the patient had chronic low back pain radiating into the left lower extremity. She rated her pain as a 9/10. Objective findings: ambulation with a cane, tenderness noted in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels, tenderness present in bilateral sacroiliac joints, sensations decreased on left lower extremities. Diagnostic impression: lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome, herniation disc lumbar. Treatment to date: medication management, activity modification, injections. A UR decision dated 7/18/14 modified the requests for Norco from 240 tablets to 120 tablets, Diazepam from 30 tablets to 15 tablets, Soma from 10 tablets to 5 tablets, and Neurontin from 84 tablets to 42 tablets to allow for a weaning schedule. Regarding Norco, there is no documentation of functional benefit or evidence that the patient is monitored for aberrant behavior. Regarding Diazepam and Soma, the clinical documentation submitted for review does indicate that the patient was previously prescribed Diazepam, therefore an additional usage would not be indicated as there is a high risk of physiological and psychological dependence. Regarding Neurontin, the clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief resulting from medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diazepam (10mg, 1-tablet every night prn for 30-days, #30, DOS: 7/01/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 78,24,65,60,16,124..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. According to the notes provided for review, the patient has been taking Diazepam since at least 5/6/14. Guidelines do not support the long-term use of benzodiazepines. In addition, it is noted that the patient is also taking Norco. Guidelines do not support the concurrent use of benzodiazepines and opioid medications due to the risk of increased adverse effects, such as sedation. Therefore, the request for Retrospective Diazepam (10 mg, 1tablet every night prn for 30-days, #30, DOS: 7/01/2014) is not medically necessary.

Retrospective Soma (350mg, 1-tablet every night prn for 28-days, #10, DOS: 7/01/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Page(s): 78,24,65,60,16,124..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. According to the records reviewed, this patient has been on Soma since at least 2/11/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. In addition, the patient is also taking Diazepam and Norco. Guidelines do not support the concurrent use of Soma with benzodiazepine and opioid medications due to the increased risks of adverse effects, such as sedation. Therefore, the request for Retrospective Soma (350 mg, 1 tablet every night prn for 28-days, #10, DOS: 7/01/2014) is not medically necessary.

Retrospective Neurontin (600mg, 1-capsule 3-times per day prn for 28-day, #84, DOS: 7/01/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Page(s): 78,24,65,60,16,124..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient has a diagnosis of lumbar spine radiculopathy. Guidelines support the use of Neurontin as a first-line medication for the treatment of neuropathic pain. Therefore, the request for Retrospective Neurontin (600 mg, 1-capsule 3-times per day prn for 28-day, #84, DOS: 7/01/2014) is medically necessary.

Retrospective Norco (10/325mg, 1-tablet, q3hrs, prn for 30-days, #240, DOS: 7/01/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 78,24,65,60,16,124..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, the patient is also taking the benzodiazepine medication, Diazepam. Guidelines do not support the concurrent use of benzodiazepines and opioid medications due to the risk of increased adverse effects, such as sedation. Therefore, the request for Retrospective Norco (10/325 mg, 1-tablet, q3hrs, prn for 30-days, #240, DOS: 7/01/2014) is not medically necessary.