

Case Number:	CM14-0129122		
Date Assigned:	08/18/2014	Date of Injury:	12/23/2012
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 58-year-old male who reported an injury on 12/23/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included degenerative joint disease of the left knee, degenerative disc disease of the lumbar spine. The previous treatments included medication. Within the clinical note dated 06/23/2014 it was reported the injured worker complained of persistent pain of the left knee. He complained of pain in the lower back. Upon the physical examination, the provider noted the injured worker had painful range of motion in the left knee. There was tenderness of the lumbar spine noted. The provider requested Donnatal, triazolam, and carisoprodol. However, a rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donnatal tablet 5 days Quantity: 40 Refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for Donnatal tab 5 days Quantity: 40 Refills: 2 is not medically necessary. The California MTUS Guidelines note Donnatal, which is a barbiturate, is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the guidelines do not recommend the use of Donnatal. Therefore, the request is not medically necessary.

Triazolam tablet 0.25mg 30 day supply Quantity: 30 Refills: 2: 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): 24.

Decision rationale: The request for Triazolam tab 0.25mg 30 day supply Quantity: 30 Refills: 2 is not medically necessary. The California MTUS Guidelines do not recommend Triazolam for long term use due to the long term efficacy being unproven and there is risk of dependence. The guidelines also recommend limited use of Triazolam to 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 06/2014 which exceeds the guideline recommendation of short term use. Therefore, the request is not medically necessary.

Carisoprodol tablet 350mg 10 day supply Quantity: 40 Refills: 2: Upheld

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

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

Decision rationale: The request for Carisoprodol tab 350mg 10 day supply Quantity: 40 Refills: 2 is not medically necessary. The California MTUS Guidelines do not recommend carisoprodol. The medication is not intended for long term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the guidelines do not recommend the use of the medication. Therefore, the request is not medically necessary.