

Case Number:	CM14-0084885		
Date Assigned:	07/23/2014	Date of Injury:	05/20/2009
Decision Date:	10/30/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 38 year old male who was injured on 5/20/2009. The diagnoses are cervicalgia, lumbar radiculopathy, bilateral knee pain and neuropathy. The patient completed physical therapy and TENS unit use. On 3/25/2014, [REDACTED] noted subjective complaints of bilateral shoulders, knees and back pain. There was associated insomnia, anxiety and burning sensations. The UDS (urine drug screen) on 3/18/2014 was negative for prescribed hydrocodone, Ambien and Soma but positive for ethyl alcohol. The patient reported functional improvement but no medication side effects. The patient is also utilizing zolpidem for insomnia. A Utilization Review determination was rendered on 5/21/2014 recommending non- certification for ibuprofen 800mg #90, Voltaren 1 % gel #1, clonazepam 0.5mg #60 and Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that NSAIDs can be utilized for the treatment of musculoskeletal pain. The chronic use of NSAIDs is associated with renal, gastrointestinal and cardiovascular complications. The records indicate that the patient is utilizing two NSAIDs in both oral and topical formulations. The risks increase when multiple NSAIDs are utilized concurrently. There is decreased efficacy with chronic use of topical NSAIDs. It is recommended that the patient utilize only oral NSAID during exacerbation of musculoskeletal pain. The criteria for the use of ibuprofen 800mg #90 was met and the request is considered medically necessary.

Voltaren 1% Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Pages 67-73, 111-113. Page(s): 67-73, 111-113.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that NSAIDs can be utilized for the treatment of musculoskeletal pain. The chronic use of NSAIDs is associated with renal, gastrointestinal and cardiovascular complications. The records indicate that the patient is utilizing two NSAIDs in both oral and topical formulations. The risks increase when multiple NSAIDs are utilized concurrently. There is decreased efficacy with chronic use of topical NSAIDs. It is recommended that the patient utilize only oral NSAID during exacerbation of musculoskeletal pain. The criteria for the use of Voltaren 1% gel was not met and the request is not considered medically necessary.

Clonazepam 0.5 mg #60: 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 Pages 24, 78 Page(s): Pages 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Stress and Mental illness.

Decision rationale: The CA MTUS and the ODG guidelines do not recommend chronic use of benzodiazepines for the treatment of anxiety associated with chronic pain. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. It is recommended that the use of antidepressants with anti-anxiety and analgesic properties such as duloxetine or amitriptyline be utilized as first line medications. The records indicate that the patient has utilized clonazepam longer than the maximum recommended 6 weeks period. The UDS was inconsistent with the absence of prescribed medications and the presence of alcohol. The criteria for the use of clonazepam 0.5mg #60 are not met and the request is not medically necessary.

Soma 350 MG # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Pages 63-66 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants for the treatment of musculoskeletal pain be limited to periods of less than 6 weeks. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The use of Soma is associated with sedative and addiction properties because of the action of meprobamate, the active metabolite. The records indicate that the patient is also utilizing many sedatives including Ambien and clonazepam. The UDS was inconsistent with negative prescribed medications but positive for ethyl alcohol. The criteria for the use of Soma 350mg #30 is not met and the request is not medically necessary.