

Case Number:	CM15-0013451		
Date Assigned:	03/11/2015	Date of Injury:	01/01/2001
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female, who sustained an industrial injury on 1/1/2001. The current diagnoses are chronic intractable pain, cervical spondylosis, degenerative disc disease, shoulder joint pain, and knee joint pain. Currently, the injured worker complains of increasing pain in the posterior cervical region and interscapular region. Current medications are Tramadol, Soma, Misoprostol, Lidoderm patch, and Ibuprofen. The physical examination of the cervical spine reveals restricted and painful range of motion. Treatment to date has included medications. The treating physician is requesting Carisoprodol 350mg #90 with 2 refills, Clonazepam 0.5mg #10 with 2 refills, and Misoprostol 100mcg #90 with 1 refill, which is now under review. On 1/13/2015, Utilization Review had non-certified a request for Carisoprodol 350mg #90 with 2 refills, Clonazepam 0.5mg #10 with 2 refills, and Misoprostol 100mcg #90 with 1 refill. No Medical Treatment Guidelines were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #90 with 2 refills: Upheld

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 SOMA Page(s): 29.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. The request for Carisoprodol 350 mg #90 with 2 refills is not medically necessary.

Clonazepam 0.5 mg #10 with 2 refills: Upheld

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 Benzodiazepines Page(s): 25.

Decision rationale: According to MTUS guidelines, "Benzodiazepines (including Clonazepam). 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)". There is no recent documentation of insomnia. There is no justification for the long term use of clonazepam. Therefore the request for Clonazepam 0.5 mg #10 with 2 refills is not medically necessary.

Misoprostol 100 mcg #90 with 1 refill: Upheld

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 NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, MISOPROSTOL is used for treatment of pain and inflammation. In this case, Misoprostol was used since at least 2014 without documentation of efficacy and the absence of side effects. Furthermore, there is no documentation that the drug was used for the shortest period and lowest dose. In addition, there is no documentation of monitoring for safety and adverse reactions of the drug. Therefore, the request for Misoprostol 100 mcg #90 with 1 refill is not medically necessary.

