MAXIMUS Federal Services

Case Number:	CM15-0112303		
Date Assigned:	06/18/2015	Date of Injury:	09/15/2010
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented 52-year-old who has filed a claim for chronic neck, mid back, and wrist pain reportedly associated with an industrial injury of September 15, 2010. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for Zofran, clonazepam, and Soma. The claims administrator referenced a RFA forms and progress notes of April 10, 2015 and May 8, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 5, 2015, the applicant reported ongoing complaints of neck and upper back pain without paresthesias on this occasion. The applicant was at maximal medical improvement, it was acknowledged. The applicant's works status did not explicitly stated, although it did not appear that the applicant was working with permanent limitations in place on this date. Medication selection and medication efficacy were not detailed. Further medications were continued. Lidoderm was endorsed, seemingly on a trial basis. The applicant's complete medication list was not, however, attached. On November 10, 2014, the applicant was asked to remain off of work until the next visit. Once again, the applicant's complete medication list was not detailed or described. The claims administrator's medical evidence log was surveyed. The most recent note on file was in fact the February 5, 2015 progress note referenced above; thus, the more recent April 10, 2015 and May 8, 2015 progress notes and RFA forms made available to the claims administrator were not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazapam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The request for Clonazepam, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clonazepam may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 30-tablet supply of clonazepam at issue implies chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, per the MTUS Guideline in ACOEM Chapter 15, page 402. While it is acknowledged that the April 10, 2015 and May 8, 2015 progress notes made available to the claims administrator were not seemingly incorporated into the IMR packet, the historical notes on files, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Soma 250mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: Similarly, the request for Soma (Carisoprodol) likewise was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended and is not indicated for long-term use purposes. Here, however, the 90-tablet supply of Carisoprodol at issues implies chronic, long-term, and thrice daily usage, i.e., usage incompatible with provision set forth on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the preceding request, the progress notes of April 10, 2015 and May 8, 2015, on which the article in question was sought were not incorporated into the IMR packet. The historical notes on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Zofran 8mg #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), Pain (updated 04/30/2015) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation http://www. fda. gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProvider s/ucm271924. htm; U. S. Food and Drug Administration, Ondansetron (marketed as Zofran) Information.

Decision rationale: The request for Zofran (Ondansetron) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the reasonability to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is used for nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no evidence that the applicant had in fact had undergone any kind of cancer chemotherapy, radiation therapy, and/or surgery. While it is acknowledged that the April 10, 2015 and May 8, 2015 progress notes on which the article in question was proposed were not incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.