

Case Number:	CM15-0128737		
Date Assigned:	07/15/2015	Date of Injury:	09/01/2006
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 09/01/06. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and left shoulder surgery. Diagnostic studies include a MRI of the left shoulder on 03/11/15 which showed no tears. Current complaints include left arm and leg pain and cramping from a fall a few days prior to exam. Current diagnoses include knee pain, shoulder pain, and chronic pain syndrome, as well as nonindustrial insulin dependent diabetes and status post open-heart surgery. In a progress note dated 05/18/15 the treating provider reports the plan of care as continued medications including Lidocaine, Voltaren, as well as Ambien, Klonopin, MS Contin, Norco, and Soma, as well as an appointment with a Pain psychologist. Pain levels are noted a 7/10 on the day of exam, and usual days are 4-5/10. Of note, the documentation reflects that the dosages of Soma was reduced from 350 mg twice a day to once a day on 03/30/15 and the Klonopin was reduced from 0.5 mg 3 times a day to twice a day on 04/13/15. The Norco dose has remained at 10/350 twice a day. The requested treatments include Klonopin, Norco, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, sixty count with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 - 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the MTUS guidelines, benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the injured worker has anxiety, and per the MTUS guidelines, 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. The request for Klonopin 0.5mg, sixty counts with four refills is therefore not medically necessary and appropriate.

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long-term use of opioids is not supported by the MTUS guidelines due to the development of habituation and tolerance. In addition, the MTUS guidelines note that in order to support continuation of opioids, there must be improvement in pain and function. The medical records in this case do not establish evidence of significant subjective or objective functional improvement to support the continued utilization of Norco. The request for Norco 10/325 mg, sixty count is not medically necessary and appropriate.

Soma 350 mg, thirty count with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and in regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas

Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. While it is acknowledged that this medication has been weaned, maintaining the injured worker on Soma is not supported. The request for Soma 350 mg, thirty count with four refills is not medically necessary and appropriate.