

Case Number:	CM15-0165116		
Date Assigned:	09/29/2015	Date of Injury:	04/05/1997
Decision Date:	11/24/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 injured worker is a female who sustained an industrial injury on 4-5-97. The medical records indicate that the injured worker was being treated for failed back surgery syndrome; rule out left hip internal derangement; chronic pain syndrome; chronic neuropathic syndrome; anxiety; depression; insomnia; myofascial spasticity; acute flare up of neuropathic pain in the right lower extremity; right knee sprain-strain; right knee acute pain and swelling, rule out medial meniscus tear; complex regional pain syndrome in the right lower extremity with acute flare up and dysesthesia; acute right shoulder impingement flare up, rule out rotator cuff tear; right shoulder rotator cuff tear; right bicipital tendon tear; bursitis in the subacromial deltoid bursa with biceps tendon longitudinal tear; full thickness tear to the supraspinatus tendon; tendinitis versus intrasubstance tear or partial tear of the capsular surface; severe anxiety; severe insomnia. She currently (7-29-15) complains of constant low back pain radiating to the bilateral lower extremities, right more than left with a pain level of 8 out of 10 which is worse than previous visit per injured worker (on 3-11-15 her pain level was 8 out of 10); occasional bilateral shoulder pain; constant left knee pain with a pain level of 6 out and giving way of the legs (was 9 out of 10 on 7-1-15 and 4 out of 10 on 3-11-15); anxiety; depression; stress; insomnia. She has been on Tylenol #4, Soma, temazepam and lorazepam since at least 3-11-15. On physical exam there was tenderness to palpation over the right shoulder with restricted range of motion and this exam was consistent from 3-11-15 through 7-29-15. Treatments to date include medications: Tylenol #3, Tylenol#4, Neurontin, temazepam, lorazepam, Soma which provide 80% relief from pain and increase performance of activities of daily living. She had a urine drug screen on 7-10-15 which was consistent with prescribed medications with no aberrant behavior or misuse

of medications. In addition she was status post spinal cord stimulator removal (12-16-08); status post lumbar fusion at L-45 and L5-S1 (11-17-03); status post laminectomy surgery; status post right rotator cuff tear and distal clavicle resection (7-27-12). The request for authorization was not present. The topical creams were not present in the documentation. On 8-18-15 Utilization Review non-certified the requests for lorazepam 1mg #60; temazepam; Soma 350mg #90; Tylenol #4 #90; flurbiprofen 20%, 120grams; ketoprofen 20%, ketamine 10%, 120grams; gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.037%, 120gram; unknown aquatic therapy; urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that 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. 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. The patient has been taking lorazepam for an extended period of time. Lorazepam 1mg #60 is not medically necessary.

Temazepam (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Temazepam (quantity unspecified) is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #90 is not medically necessary.

Tylenol No.4 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. There is no documentation of functional improvement with the continued use of this medication; however, the patient stated that the pain had worsened since the previous visit. I am reversing the previous UR decision. Tylenol No.4 #90 is medically necessary.

Topical creams: Flurbiprofen 20% 120gm, Ketoprofen 20%, Ketamine 10% 120gm, Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Topical creams: Flurbiprofen 20% 120gm, Ketoprofen 20%, Ketamine 10% 120gm, Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120gm is not medically necessary.

Unknown aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The patient has had multiple rounds of aquatic therapy since 2010 and has not shown significant functional improvement. Unknown aquatic therapy is not medically necessary.

1 Final confirmation of urine drug test results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. 1 Final confirmation of urine drug test results is not medically necessary.