

Case Number:	CM15-0038433		
Date Assigned:	03/09/2015	Date of Injury:	06/22/2012
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on June 22, 2012. The diagnoses have included depressive disorder not otherwise specified with anxiety and post traumatic reaction, psychological factors affecting medical condition (stress intensified headache, teeth grinding, neck/shoulder/back muscles tension/pain, nausea, shortness of breath, abdominal pain/cramping, asthma and possible stress-aggravated high blood pressure and alcohol abuse industrial related. Currently, the injured worker complains of changes in appetite, sleep disturbance, lack of motivation, disturbing memories, changes in weight, reliving of the trauma, weight loss/weight gain, flashbacks and intrusive recollections. In a progress note dated December 24, 2014, the treating provider reports there was functional improvement and became less angry and nervous.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with depression. The request is for SOMA 350MG #270. The request for authorization is dated 01/21/15. No progress report is provided by requesting treater for review. Patient is complaining of change in appetite, sleep disturbance, lack of motivation, disturbing memories, changes in weight, reliving of the trauma, weight loss / weight gain, flashbacks and recollections. There is functional improvement in the patient also became less angry and nervous. The patient is working. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not provide reason for the request. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, it is unknown when the patient is prescribed Soma as there are no provided reports to review. Furthermore, the request for Soma quantity 270 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Temazepam 15mg 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

Decision rationale: The patient presents with depression. The request is for TEMAZEPAM 15MG #180. The request for authorization is dated 01/21/15. No progress report is provided by requesting treater for review. Patient is complaining of change in appetite, sleep disturbance, lack of motivation, disturbing memories, changes in weight, reliving of the trauma, weight loss / weight gain, flashbacks and recollections. There is functional improvement in the patient also became less angry and nervous. The patient is working. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Treater does not provide reason for the request. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, it is unknown when the patient is prescribed Temazepam as there are no provided reports to review. Furthermore, the request for Temazepam quantity 180 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Xanax 0.5mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

Decision rationale: The patient presents with depression. The request is for XANAX 0.5MG #360. The request for authorization is dated 01/21/15. No progress report is provided by requesting treater for review. Patient is complaining of change in appetite, sleep disturbance, lack of motivation, disturbing memories, changes in weight, reliving of the trauma, weight loss / weight gain, flashbacks and recollections. There is functional improvement in the patient also became less angry and nervous. The patient is working. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Treater does not provide reason for the request. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, it is unknown when the patient is prescribed Xanax as there are no provided reports to review. Furthermore, the request for Xanax quantity 360 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Sertraline 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants medications for chronic pain Page(s): 13-15, 60.

Decision rationale: The patient presents with depression. The request is for SERTRALINE 100MG #180. The request for authorization is dated 01/21/15. No progress report is provided by requesting treater for review. Patient is complaining of change in appetite, sleep disturbance, lack of motivation, disturbing memories, changes in weight, reliving of the trauma, weight loss / weight gain, flashbacks and recollections. There is functional improvement in the patient also became less angry and nervous. The patient is working. MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Treater does not provide reason for the request. It is unknown when the patient is prescribed Sertraline as there are no provided reports to review. No documentation is provided regarding efficacy. MTUS p60 requires recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.