

Case Number:	CM15-0079723		
Date Assigned:	04/30/2015	Date of Injury:	01/14/1993
Decision Date:	11/25/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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 54 year old female who sustained an industrial injury on 1-14-1993. A review of medical records indicates the injured worker is being treated for osteoarthritis of the right knee, medial collateral ligament disruption, thoracic post laminectomy syndrome, lumbar post laminectomy syndrome, and chronic pain syndrome. Medical records dated 1-28-2015 noted right knee pain and low back pain. She is having difficulty enjoying simple things like reading a book. She was having difficulty sleeping. She stated that Norco is not helping with her pain and she is more stable on Percocet. Physical examination noted antalgic gait favoring right with forward flexed body posture. Treatment has included Fioricet since 12-30-2014, Gabapentin since 12-1-2014, Lorazepam since 1-28-2015, Percocet since 1-28-2015, and Soma since 1-28-2015. Utilization review noncertified Lorazepam 2mg and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The patient presents with chronic pain syndrome, right knee pain and low back and thoracic back pain. The request is for Lorazepam 2MG #60 with no refills. The request for authorization is dated 04/29/15. The patient is status post fusion from T9-S1, and right knee surgery. Patient's diagnoses include osteoarthritis of knee; old medial collateral ligament disruption; thoracic post-laminectomy syndrome; lumbar post-laminectomy syndrome. Physical examination reveals muscle aches and weakness ("all over") and arthralgias/joint pain (both knees) and back pain. Patient is encouraged to continue with daily exercise program. Patient's medications include Carisoprodol, Diclofenac, Fioricet, Gabapentin, Levothyroxine, Loratadine, Lorazepam, Meclizine, Metoprolol, and Percocet. Patient has been stable on this regimen to control her thoracic through lumbar back pain. Per progress report dated 07/22/15, the patient is disabled. MTUS Guidelines page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), 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. Per progress report dated 04/27/15, treater's reason for the request is "for anxiety." Review of provided medical records show the patient was prescribed Lorazepam on 01/28/15. MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines limit use of this medication to 4 weeks. In this case, the request for additional Lorazepam #60 would exceed guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Soma 350mg #90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The patient presents with chronic pain syndrome, right knee pain and low back and thoracic back pain. The request is for Soma 350MG #90 with no refills. The request for authorization is dated 04/29/15. The patient is status post fusion from T9-S1, and right knee surgery. Patient's diagnoses include osteoarthritis of knee; old medial collateral ligament disruption; thoracic post-laminectomy syndrome; lumbar post-laminectomy syndrome. Physical examination reveals muscle aches and weakness ("all over") and arthralgias/joint pain (both knees) and back pain. Patient is encouraged to continue with daily exercise program. Patient's medications include Carisoprodol, Diclofenac, Fioricet, Gabapentin, Levothyroxine, Loratadine, Lorazepam, Meclizine, Metoprolol, and Percocet. Patient has been stable on this regimen to control her thoracic through lumbar back pain. Per progress report dated 07/22/15, the patient is disabled. MTUS, Muscle Relaxants Section, 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. Per progress report dated 04/27/15, treater's reason for the request is "for muscle spasm." Review of provided medical records show the patient was prescribed Soma on 01/28/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Soma #90 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.