

Case Number:	CM13-0028939		
Date Assigned:	06/09/2014	Date of Injury:	05/30/2002
Decision Date:	08/06/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 05/30/02 and the medications Soma and Phenergan are under review. She has been prescribed multiple other medications, also. She saw [REDACTED] on 09/16/13. She complained of no significant change in the pain in her right forearm and hand. She also had pain and discomfort in the mid to lower back radiating to the right buttocks, thigh, and into her feet and toes. She has right knee pain. And her pain is debilitating. She had loss of function with multiple pain complaints. She had tenderness and restricted range of motion of the lumbar spine and the thoracic spine. She had decreased and painful movement of the bilateral hips and knees have depression also. She was diagnosed with cervical sprain and chronic left shoulder symptoms due to possible impingement. She is status post right carpal tunnel release and right elbow epicondylectomy with ulnar nerve decompression. She has diagnoses of lumbar sprain and herniation with facet arthropathy, thoracic strain and radiculopathy, and is status post right knee surgery with residual pain, acute gastritis, acute bilateral hip and knee pain and depression/anxiety/insomnia. She is status post multiple transforaminal bilateral injections on 04/02/13 that provided about 50% alleviation of her radicular complaints. She was prescribed Prilosec, Soma, Cymbalta, Klonopin, Vicoprofen, Phenergan, Rozerem, Fioricet, and Lidoderm patch. On 07/17/13, she was seen for follow-up. There are no significant changes. She had debilitating pain. She was given the same medications and transforaminal epidural steroid injections are recommended to be repeated. She underwent thoracic epidural injections in May 2013. A drug screen was positive for benzodiazepines on 04/24/13. It was negative for opioids and carisoprodol even though she was prescribed Vicoprofen and Soma. She also had lumbar epidural steroid injections in April 2013. On 07/17/13, a urine drug screen was negative for opioids and carisoprodol and positive

for acetaminophen. She has been on the same medications for at least a year and a half. She has been prescribed phenergan to take q.i.d. but the indication for it is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #1120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol page 60; Use of medications page 94 Page(s): 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of Soma 350 mg #1120. The MTUS indicates on p. 60 that carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. 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: a) increasing sedation of benzodiazepines or alcohol; b) use to prevent side effects of cocaine; c) use with tramadol to produce relaxation and euphoria; d) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & e) as a combination with codeine (referred to as Soma Coma). There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. The MTUS further indicates relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded."The medical necessity of the use of Soma has not been clearly demonstrated. This medication must be weaned following prolonged use, as in this case.

PHENERGAN 25MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Phenergan for Insomnia.

Decision rationale: The history and documentation do not objectively support the request for phenergan. The PDR states it may be used for allergies. The MTUS indicates relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded." The ODG formulary states it is not recommended for the treatment of insomnia. In this case, the specific indication is unclear and cannot be ascertained from the records. The injured worker reports insomnia but it is not clear why the injured worker would need to take it several times per day. The benefit to the injured worker of the use of this medication is also unknown. The injured worker's pattern of use and functional benefit have not been described. The medical necessity of the use of phenergan 25 mg #120 has not been clearly demonstrated.