

<b>Case Number:</b>	CM13-0050975		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/27/2002
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient reported a work related injury on 08/27/2002, specific mechanism of injury not stated. Clinical note dated 11/05/2013 reports the patient presents for treatment of chronic low back pain, lumbar facet pain syndrome status post multiple treatments with facet/medial branch radiofrequency rhizotomy, L4-5 disc herniation status post percutaneous laser discectomy at L4-5 as of 09/27/2013 and possible right lumbar radiculopathy. The clinical note documents the patient was examined under the care of [REDACTED]. Provider documents the patient reports no change to his pain complaints. Patient reports OxyContin 20 mg helps but impairs his function to do his job, patient has been utilizing Norco 10/325, naproxen 500 and Soma for pain and spasms, in addition trazodone and Restoril for insomnia. Provider documented the patient's medication regimen was to include discontinuation of OxyContin as well as Dilaudid, continue Norco 10/325 eight tabs a day, Soma 350 mg 3 times a day as needed, Voltaren 75 mg twice a day, trazodone 100 mg at bedtime, Restoril 30 mg at bedtime, Sentra PM at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29..

**Decision rationale:** The current request is not supported. California MTUS indicate Soma 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. The clinical notes document the patient continues to present with moderate rates of pain about the lumbar spine status post to work related injuries sustained over 11 years ago. Clinical notes failed to document the patient's duration of use of this medication and the efficacy of treatment noted by a decrease in rate of pain on a VAS and increase in objective functionality. Given all the above, the request for Soma 350 mg is not medically necessary nor appropriate

**request for Restoril 30 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

**Decision rationale:** The current request is not supported. California MTUS indicates 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. Clinical notes failed to document the patient's duration of use of this medication for his sleep pattern complaints and the efficacy of treatment. Given the above, the request for Restoril 30 mg is not medically necessary or appropriate.

**request for Sentra PM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicate Sentra PM is a medical food, used in the management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate and 5 hydroxytryptophan. The clinical notes document the patient utilizes Sentra PM, trazodone, Restoril, Soma and Norco. The clinical notes do not evidence support for the patient to be utilizing 3 sleep aids at bedtime. Clinical notes failed to document the patient's reports of efficacy with this current medication regimen to support continued utilization of this medical food. Given the above, the request for Sentra PM is not medically necessary or appropriate.