

<b>Case Number:</b>	CM13-0052020		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/27/2006
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 is a 50-year-old male who reported an injury on 09/27/2006. The mechanism of injury was noted to be the patient was lifting and moving heavy equipment. The patient's medications were noted to be carisoprodol, MS-Contin, Keflex, terazosin, Seroquel, diazepam, estazolam, and Norco. The patient's diagnoses were noted to be lumbago, myalgia and myositis NOS, and lumbosacral neuritis. The request was made for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California MTUS Guidelines indicate muscle relaxants are appropriate as a second-line, short-term treatment for acute exacerbations of chronic low back pain and for no longer than 2 to 3 weeks. There was lack of documentation indicating the patient had muscle spasms and that the patient had received functional benefit from the medication. Additionally,

there was lack of documentation indicating necessity for 120 tablets. Given the above, the request for carisoprodol tablets 350 mg #120 is not medically necessary.

**Estazolam 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines do not recommend benzodiazepines for long-term use and limit use to 4 weeks. There was lack of documentation indicating objective functional benefit received from the medication. There was lack of documentation indicating necessity for long-term treatment. Given the above, the request for estazolam tablets 2 mg #30 is not medically necessary.

**Morphine sulfate TER 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,78.

**Decision rationale:** California MTUS Guidelines indicate opiates are appropriate treatment for chronic pain. There should be a quantitative assessment of pain relief including a decrease in pain, increase in functional benefit, and evidence of monitored aberrant behavior. The clinical documentation submitted for review failed to provide documentation of the above. As such, the request for morphine sulfate TER 30 mg #90 is not medically necessary.

**Quetiapine fumarate 200mg:** 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 <http://www.drugs.com/mtm/quetiapine.html>.

**Decision rationale:** Per drugs.com, quetiapine is an antipsychotic medication used to treat schizophrenia and bipolar disorder. Additionally, it is used together with other antidepressant medications to treat major depressive disorder in adults. There was lack of documentation indicating necessity for the medication. Additionally, there was lack of documentation indicating the patient had major depressive disorder, schizophrenia or was bipolar. Given the above, the request for quetiapine fumarate tablets 200 mg is not medically necessary.