

Case Number:	CM14-0018764		
Date Assigned:	04/18/2014	Date of Injury:	05/28/2009
Decision Date:	07/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 55 year old female with a date of injury of 05/28/2009. The listed diagnoses are: Cervical Facet Arthropathy, Cervical Radiculitis, Headaches, Myositis/Myalgia, Anxiety, Lartrogenic Opioid Dependency, Chronic Pain and Detox from Suboxone. According to report dated 12/11/2013 by the physician, the patient presents with neck pain that radiates to the left upper extremities. His low back pain radiates to the right lower extremities. Pain is rated as 7/10 with medications and 10/10 without. The treater states the patient has developed opiate toerance due to long-term opiate use. He requests Crisoprodol for muscle spasm and pain and Restone for insomnia. Utilization review dated 01/15/2014 denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF RESTONE 3-100MG, #30 DOS: 12/11/13:
Overturned

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: This patient presents with neck pain that radiates to the left upper extremities. His low back pain radiates to the right lower extremities. The treater is requesting Restone 3-100mg #30. Restone is a herbal product that contains Melatonin and L-tyrptophan. The ACOEM, MTUS do not discuss melatonin or l-tyrptophan. ODG guidelines has the following regarding 5-hydroxytryptophan: "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, and obesity and sleep disorders." ODG further states, "(3) Melatonin-receptor agonist: Ramelteon (Rozerem) is a selective melatonin agonist (MT1 and MT2) indicated for difficulty with sleep onset; is nonscheduled (has been shown to have no abuse potential)." Review of six months of progress reports show the patient has been prescribed this supplement for insomnia. However, there was not one discussion regarding any sleep issues in this patient. Recommendation is for denial.

RETROSPECTIVE PRESCRIPTION OF CARISOPRODOL 350MG, #30 DOS: 12/11/13:
Upheld

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

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

Decision rationale: This patient presents with neck pain that radiates to the left upper extremities. His low back pain radiates to the right lower extremities. The treater is requesting Carisoprodol 350mg #30. For muscle relaxants, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second option for short-term treatment of acute exacerbation of patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit on NSAIDs and pain, and overall improvement. Efficacy appears to diminish overtime, and prolonged use of some medications in this class may lead to dependence." In this case, medical records indicate that this patient has been prescribed this medication since June 2013. Muscle relaxants are not recommended for long-term use by MTUS Guidelines. The requested carisoprodol is not medically necessary. Recommendation is for denial.