

Case Number:	CM14-0185966		
Date Assigned:	11/13/2014	Date of Injury:	12/03/2007
Decision Date:	12/30/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and 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 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 61 year male old who was injured on 12/3/2007. The diagnoses are complex regional pain syndrome left leg, left knee, ankle and low back pain. The past surgery history is significant for left knee menisectomy, craniotomy. The MRI of the left knee showed effusion and grade IV chondromalacia. On 10/7/2014, [REDACTED] noted subjective complaint of anxiety, depression, constipation and joints pain. The pain score was 9/10 on a scale of 0 to 10. There was no change in clinical findings. There were objective findings of left knee crepitus, positive grind test and calf atrophy. The hand written sections was barely legible. The UDS dated 3/5/2014 and 9/17/2014 was inconsistent with the presence of non-prescribed benzodiazepines, oxycodone and Sertraline. The 9/17/2014 UDS was negative for prescribed Soma. The medications are Norco for pain and Soma for muscle spasm. A Utilization Review determination was rendered on 10/16/2014 recommending non certification for retrospective Soma 350mg #60 and UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count (retrospective): 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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to short term periods during exacerbations of severe musculoskeletal pain. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives and opioids. The chronic use of Soma is associated with significant higher incidence of dependency and sedation because it is metabolized to meprobamate, a centrally acting anesthetic compound. The records indicate that the patient exhibited aberrant medication behavior by the absence the inconsistent UDS test. The Soma or its metabolite was absent in the UDS reports. There was the presence of non-prescribed sedatives. There is no documentation of functional restoration or compliance monitoring. The criterion for the use of Soma 350mg # 360 retrospectively was not met. The request is not medically necessary.

Urine tox screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that UDS can be utilized at the commencement of chronic opioid treatment, randomly during treatment and additionally for cause or 'red flag' incidence. The records indicate that the patient was obtaining pain medication prescriptions from another provider for the treatment of non-work related chronic neck pain. The records indicate previous UDS reports that showed many inconsistent tests with the presence of many non- prescribed medications and the absence of prescribed Soma. The criterion for Urine Toxicology screen was met. Therefore the request is medically necessary.