

Case Number:	CM14-0028728		
Date Assigned:	06/16/2014	Date of Injury:	05/22/1999
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Emergency 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 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:

Patient with reported date of injury of 5/22/1999. No mechanism of injury was provided. Patient has a diagnosis of myalgia/myositis, chronic depression, chronic pain disorder, degenerative arthritis of cervical spine, adjustment disorder with anxiety and depression and pain. Multiple medical reports from primary treating physician and consultants were reviewed. Last report available until 4/24/14. The reports are all very brief and provide very brief exam. Patient reports persistent whole body pains, chronic fatigue, insomnia and fatigue especially in the morning. The medications were "helping". Patient reports "panic attacks" related to pains. Objective exam reveals normal neurological and motor exam with no swelling or deformities. Trigger point tenderness 12+. Medical list from primary treating physician was never provided. No clear current medication can be gleaned from the records since there are many requests and prescription for medications that has been rejected during utilization review. Pt appears to be on flurbiprofen cream, ativan, tramadol, tramadol, pro vigil and lyrica. Urine drug screen (2/15/13) was appropriate. No advance imaging or testing results were provided. Utilization review is for Soma 350mg #60 and Restoril 30mg #30. Prior UR on 3/25/14 non-certified request for soma and fexmid and certified lyrica. Prior UR on 2/20/14 modified prescription for Soma for tapering was partially certified and non-certified restoril. Requests for soma has been denied in prior UR requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) (R); Weaning Of Medications: Carisoprodol (Soma) (R).

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

Decision rationale: As per MTUS Chronic pain guidelines, Soma is not recommended. It is not recommended for long term use and the number of pills requested is clearly not intended for short term use. This medication has multiple side effects, has little benefit and has a high risk for dependency. This medication is not medically appropriate and not medically necessary.

RESTORIL 30 MG #30: Upheld

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

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

Decision rationale: Restoril or Temazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is already on ativan, another benzodiazepine, and has been on other benzodiazepines for many months. The appropriate treatment of anxiety is anti-depressants but there is no record that pt is not on an anti-depressant or has been tried on it in the past. The medical treatment is not appropriate and restoril is not medically necessary.