

Case Number:	CM14-0029482		
Date Assigned:	03/19/2014	Date of Injury:	04/26/2010
Decision Date:	04/22/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/08/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 reported an injury on 04/26/2010. The mechanism of injury was not provided in the medical records. The patient was diagnosed with chronic pain, lumbar disc displacement without myopathy, stenosis lumbar spine, sciatica, and sacrum disorder. The patient's symptoms include low back pain and continues with Opana 40 mg 1 tablet 3 times a day. The patient stated that this medication has been helpful to a certain degree, but continues to have significant pain. She is tolerating her medications well without side effects. The patient also reported that she was utilizing venlafaxine 37.5 mg 1 tablet twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodice Page(s): 65.

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

Decision rationale: According to California MTUS Guidelines, Soma is not indicated for longer than a 2 to 3 week period. Soma is a commonly prescribed, centrally-acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment

of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. Withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The most recent clinical note provided indicated the patient continues to have significant pain and is tolerating her medications well without side effects. In addition to that, the documentation indicated the patient has been taking the requested medication for an extended period of time. As guidelines state Soma is not indicated for longer than 2 to 3 weeks and the patient has been noted to be taking the medication for an extended period of time, the request is not supported. Given the above, the request for Soma 350 mg is non-certified.

OPANA ER 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicates the requested medication has been helpful to a certain degree, but the patient continues to have significant pain. However, the documentation failed to provide evidence of increased function with use of opioids and whether there have been reported adverse effects or aberrant drug-taking behaviors. In the absence of detailed documentation, required by the guidelines for the ongoing use of opioid medications, the request for Opana ER 40 mg is non-certified.