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| Case Number: | CM14-0039214 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/22/1999 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 Preventive Medicine, has a subspecialty in Occupational 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 Injured worker is a 66 year old male who injured his lower back in 05/22/1999 when trash fell and covered him as he was cleaning a large compactor. He has had different forms of treatment since without improvement. Currently, he complains of generalized pain, fatigue, and sleeplessness. His examination is unremarkable except for depressed affect and generalized trigger point tenderness. His doctor has diagnosed him of Myalgia and Myositis; chronic depressive personality disorder. He is being treated with Fluribuprofen, Ativan, Soma, Restoril, Provigil, Sonata, and Lyrica. The recent request for 1 prescription of Soma 350mg #60; 1 prescription of Fexmid 7.5mg #60 have been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma (R)); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 64-65.

Decision rationale: The MTUS recommends short term use of non- sedating muscle relaxants as second-line agents for acute exacerbation of chronic lower back pain: 2-3 weeks in the case of

Soma (Carisoprodol). The records reviewed shows the worker has been on Soma before 2012, thereby making a renewal not medically necessary.

1 prescription of Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Medications for chronic pain Page(s): 41, 64.

Decision rationale: Like all non-sedating muscle relaxants, Fexmid (Cyclobenzaprine), is recommended for short-term treatment of acute exacerbation of chronic low back pain. Its optimal effect is within the first 4 days. Based on the dosing of two times daily as written by the prescriber, the injured worker is expected to take this drug for about 30 days. This length of time goes against the 2-3 weeks limit recommended by the MTUS. Furthermore, the records revealed the injured worker has been on Soma, and was prescribed Soma at the time of this request for Flexemid. The MTUS states, " Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change". This drug is therefore not medically necessary and appropriate.