

Case Number:	CM14-0042062		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2006
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational 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:

This is a 54-year-old female with a 10/10/06 date of injury. The mechanism of injury was not noted. According to a 6/18/14 progress note, the patient complained of neck pain radiating from neck down to the right arm, lower backache to the coccyx, right elbow pain and left knee pain, increased right shoulder pain, headache. Her pain level has increased since last visit. The patient stated that her quality of sleep was poor. Objective findings: Range of motion of cervical spine is restricted, spasm and tenderness noted upon examination of the paravertebral and paracervical muscles, range of motion of lumbar spine is restricted, palpation of lumbar spine noted hypertonicity of paravertebral muscles. Diagnostic impression: shoulder pain, right elbow pain, spinal/lumbar DDD, low back pain, spasm of muscle. Treatment to date: medication management, activity modification. The records do not document a significant improvement in the sleep complaints resulting from the previous use of sleep medications. Additionally, the 2/26/14 evaluation reported that trazodone was previously ineffective. Regarding Soma, the records document the consistent use of Soma since 2007. The records do not document objective evidence of pain relief or improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Trazodone.

Decision rationale: ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. It was documented in many progress notes that the patient's quality of sleep was poor, even while taking Trazodone. There is no rationale provided as to why the patient should continue taking Trazodone when it is not working for her. Therefore, the request for 30 Trazodone 50 mg was not medically necessary.

90 Soma 350mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. According to the reports reviewed, the patient has been on Soma since at least 8/1/12. A specific rationale identifying why Soma is required in this patient despite guideline support was not provided. Therefore, the request for 90 Soma 350 mg was not medically necessary.