

Case Number:	CM14-0047439		
Date Assigned:	07/02/2014	Date of Injury:	10/03/2009
Decision Date:	08/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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:

The claimant is a represented [REDACTED] employee, who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 3, 2009. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; sleep aids; and muscle relaxants. In a Utilization Review Report dated March 18, 2014, the claims administrator approved a request for Colace, partially certified Sonata for weaning purposes, approved Protonix, approved Naprosyn and partially certified soma for weaning purposes. A June 6, 2014 progress note is notable for comments that the claimant had persistent complaints of pain, 9/10, principally centered about the low back. The claimant was using Norco six times daily. The claimant was using Cymbalta for depression without any relief. A TENS unit had recently broken, it was stated. The claimant's entire medication list included Norco, Fosamax, Cymbalta, Naprosyn, Neurontin, topical agents, Flector, Lidoderm, Remeron, and Zanaflex, it was stated on this occasion. The claimant did not appear to be working with permanent limitations in place, it was suggested on May 27, 2014 progress note, at which point, the attending provider sought authorization for mattress/bed for the claimant. The claimant received trigger point injections on May 9, 2014 in the clinic setting. On April 4, 2014, the claimant was described as having host of complaints including neck pain, low back pain, mid back pain, sleep deprivation, stress, anxiety, depression and medication induced gastritis. The claimant stated that her sleep deprivation was secondary to pain. The attending provider did not furnish the claimant's medication list on this occasion, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/sonata.html>, Sonata Indications and Usage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 7-8. Page(s): 7-8.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes, has a responsibility to be well informed regarding the usage of the same, and should, furthermore, provide some evidence to support such usage. The Food and Drug Administration (FDA) notes that Sonata is indicated in the short-term treatment of insomnia, for up to 30 days. Sonata is not, thus, indicated for the chronic, long-term, and/or scheduled use purposes for which it is being proposed via the 180 tablets supplied being sought by the attending provider. In this case, no applicant specific rationale or medical evidence was furnished so as to offset the unfavorable FDA recommendation. Therefore, the request for Sonata, #180 is not medically necessary and appropriate.

Soma 350 mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agent. In this case, the applicant is, in fact, currently using opioid agents, including Norco. Addition of Carisoprodol or Soma to the mix is not recommended. Therefore, the request for Soma 350 mg, #180 is not medically necessary and appropriate.