

Case Number:	CM14-0084394		
Date Assigned:	07/21/2014	Date of Injury:	05/15/1987
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 71-year-old female who reported an injury on 07/21/1987. The mechanism of injury was not provided. The diagnoses included reflex sympathetic dystrophy and unspecified myalgia and myositis. Prior therapies included surgery and medications. Per the 01/02/2014 progress report, the injured worker reported an increased pain level due to poor sleep from a decrease in Restoril. Objective findings included tenderness to touch on the right cheek and limited range of motion of the mouth and jaw. Current medications included MS Contin 100 mg, Percocet 5/325 mg, Restoril 30 mg, and Soma 350 mg. Per the 03/20/2014 progress report, the injured worker had surgery to remove infected dental implants. The injured worker reported no new side effects from medications. Objective findings included asymmetry in the face on the right side due to spasms. The provider refilled Restoril for insomnia and Soma for spasms. The request for authorization form was submitted on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 Mg Qty30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 89.

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

Decision rationale: The request for Restoril 30 Mg # 30 is medically necessary. The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit use to 4 weeks. The medical records provided indicate an ongoing prescription for Restoril since at least 11/06/2013. The Guidelines do not support the long-term use of benzodiazepines. Based on this information, continued use is not supported. As such, the request for Restoril 30 Mg # 30 is not medically necessary and appropriate.

Soma 350 Mg #150: Upheld

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

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

Decision rationale: The request for Soma 350 Mg #150 is medically necessary. The California MTUS Guidelines state Soma is not recommended. Soma is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. The medical records provided indicate an ongoing prescription for Soma since at least 12/04/2013. The Guidelines state Soma is not recommended and not indicated for long-term use. Based on this information, continued use is not supported. As such, the request for Soma 350 Mg #150 is medically necessary and appropriate.