

<b>Case Number:</b>	CM14-0185887		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/16/1999
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 family Practice, 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:

57 yr. old female claimant sustained a work injury on 3/16/99 involving the back and knees. She was diagnosed with lumbar strain and right knee meniscal tear. She had undergone a right knee arthroscopy and menisectomy. She had been on opioids Soma and Elavil since at least April 2014. A progress note on 10/17/14 indicated the claimant had 8/10 pain. She had continued right knee pain. Exam findings were notable for decreased range of motion of the knees, tenderness over the right leg and left medial joint line. She was continued on Vicodin, Soma and Elavil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar

to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.

**Elavil 50mg # 30 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential.

**Decision rationale:** According to the guidelines, Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. They are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In this case, there were no neuropathic symptoms. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. In this case, the claimant did not have an EKG or levels to determine toxicity. There were no neuropathic symptoms. The continued use of Elavil is not medically necessary.