

<b>Case Number:</b>	CM15-0009366		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/11/1991
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on December 11, 1991 while lifting a garage door. She has reported a neck injury. The diagnoses have included cervical disc disease, post-laminectomy syndrome of cervical spine. Treatment to date has included surgery, physical therapy, medications, and cervical epidural. Currently, the Injured Worker complains of reports worsened pain on July 15, 2014. She is noted to have hypoactive left biceps tendon reflex, and a decreased sensation in the left C6 dermatome. The records indicate the injured worker has been prescribed Soma for more than a year. The prescription for Elavil was originally obtained 20 years ago. Norco has been prescribed since 2010. On December 29, 2014, Utilization Review non-certified Soma 350 mg, quantity #90, and Elavil 50 mg, quantity #30, and Halcion 0.25 mg, quantity #30, and Norco 10/325 mg, quantity #90, based on MTUS, Chronic pain guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of Soma 350 mg, quantity #90, and Elavil 50 mg, quantity #30, and Halcion 0.25 mg, quantity #30, and Norco 10/325 mg, quantity #90. The injured worker has submitted a letter dated 1/15/2015 at which time it is noted that these medications have been helpful in the treatment of her chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain); Benzodiazepines Page(s): 63; 24.

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

**Decision rationale:** According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The guidelines state that this medication is not indicated for long-term use. In this case, the injured worker has been prescribed Soma for 20 years and chronic use of this medication is not supported. However, given the prolonged use of Soma, this medication should be gradually weaned and abrupt discontinuation is not supported. Modification can not be rendered in this review. Therefore, the request for Soma 350 mg #90 is medically necessary.

**Elavil 50mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, page 13.

**Decision rationale:** According to the MTUS guidelines, Elavil (Amitriptyline) is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for chronic pain unless they are ineffective, poorly tolerated, or contraindicated. In this case, the injured worker is followed for chronic pain, and Elavil is a tricyclic antidepressant which is considered first line in the treatment of chronic pain. The injured worker is reporting functional improvement with this medication. The request for Elavil 50 mg #30 is medically necessary.

**Halcion 0.25mg #30: Overturned**

**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 Benzodiazepine Page(s): 23. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684004.html>

**Decision rationale:** According to the National Institute of Health, Medline Plus, Halcion (Triazolam) is used on a short-term basis to treat insomnia (difficulty falling asleep or staying asleep). Triazolam is in a class of medications called benzodiazepines. According to the MTUS guidelines, 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 MTUS guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within

months and long-term use may actually increase anxiety. The guidelines state that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has been prescribed benzodiazepines for an extended period of time, which is not supported per evidence based guidelines. This medication can not be suddenly discontinued and should be weaned. However, modification can not be rendered on this review. As such, the request for Halcion 0.25 mg #30 is medically necessary.

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

**Decision rationale:** According to the MTUS guidelines, opioids may be continued if there is improved pain and function. In this case, the injured worker is diagnosed with chronic pain and is reporting improvement in pain levels and objective functional improvement with the current opioid medication. There is no evidence of abuse or diversion. Given the low morphine equivalent dosage, improvement in pain and function, and no evidence of abuse, this request is supported. The request for Norco 10/325 mg #90 is medically necessary.