

Case Number:	CM15-0145678		
Date Assigned:	08/06/2015	Date of Injury:	05/20/2010
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

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 a 59 year old female, who sustained an industrial injury on 05-20-2010. She has reported injury to the neck. The diagnoses have included cervical spine strain-sprain; cervical radiculopathy, left upper extremity; thoracic spine sprain-strain; severe insomnia secondary to pain; status post C4-5 anterior cervical discectomy and fusion, on 02-21-2012; and status post left C6 foraminotomy, on 07-10-2014. Treatment to date has included medications, diagnostics, physical therapy, cervical epidural steroid injection, and surgical intervention. Medications have included Norco, Gabapentin, Amitriptyline, Trazodone, Lidocaine 5% Patch; Doxepin, Soma. A progress report from the treating provider, dated 07-01-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left greater than right-sided neck pain; the pain radiates to the upper extremities, left greater than right; she complains of electrical burning pain affecting the left arm; there is numbness in both arms; weakness; pain worsens with extended use of her upper extremities; her pain is rated a 6 out of 10 on the pain scale with the use of medications; her pain is rated a 9-10 out of 10 on the pain scale without medications; she is better able to perform her activities of daily living with the use of her medications; her gastrointestinal symptoms have been better managed with Omeprazole; insomnia; she has difficulty getting to sleep and staying asleep; she has had increase in muscle spasms. The injured worker continues to utilize Norco for moderate to severe pain; Soma is used as needed for muscle spasms; Omeprazole is used to counteract gastrointestinal symptoms caused by medications; and the Lidocaine Patches are utilized for topical neuropathic pain. It is noted that the past cervical epidural injection was not beneficial. Objective findings included she appears to be in mild discomfort; affect is appropriate; gait is unassisted; allodynia is noted

over the posterior scar C4 to T1; she has 2 to 3+ spasms, left greater than right; cervical spine range of motion is decreased; she has hypesthesia in the left C4 and bilateral C5-C6 dermatome; and she has previously failed Amitriptyline, Trazodone, and Gabapentin. The treatment plan has included the request for 30 capsules of Doxepin 10mg; and 60 tablets of Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Doxepin 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) INSOMNIA.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option inpatients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.

60 tablets of Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.