

Case Number:	CM15-0168719		
Date Assigned:	09/09/2015	Date of Injury:	06/20/2011
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, 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 a 53 year old male, who sustained an industrial injury on 06-20-2011. The injured worker is currently temporarily totally disabled. Current diagnoses include left greater trochanter bursitis, status post L5-S1 re-do of microdiscectomy, stitch abscess, lumbar wound dehiscence, recurrent disc herniation at L5-S1, malpositioned right L5 pedicle screw, and status post L5-S1 microdiscectomy. Treatment and diagnostics to date has included lumbar spine surgeries and use of medications. Current medications include Norco, Soma, Neurontin, Restoril, Zanaflex, Bactrim DS, and Oxycodone. In a progress note dated 07-14-2015, the injured worker reported low back pain rated 5 out of 10 on the pain scale with medication and 8 out of 10 without medications. Objective findings included an antalgic gait with use of a seated walker for ambulation, no tenderness to lumbar spine, and decreased sensation over the right S1 dermatome distribution with mild hypersensitivity over the right L4 and L5 dermatome distributions. It is noted that the injured worker is two weeks status post removal of hardware at L5-S1 at this visit. The Utilization Review report dated 08-12-2015 non-certified the request for Soma 350mg #90 and Restoril 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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 (Norco) which increases side effect risks and abuse potential. The use of Soma is not medically necessary.

Restoril 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and insomnia pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. According to the Chronic Pain Medical Treatment Guidelines: Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. Restoril is a Benzodiazepine used for insomnia. In this case, the claimant had been on Restoril for several months. There was no mention of behavioral intervention failure. Long-term use is not recommended. Continued use of Restoril is not medically necessary.