

Case Number:	CM15-0197984		
Date Assigned:	10/16/2015	Date of Injury:	09/25/2001
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female who sustained an industrial injury on September 25, 2001. The worker is being treated for: depression, anxiety and stress-related medical complaints arising from industrial injury, myofascial pain, dry mouth, and parafunctional activities, gastritis, constipation, narcotic bowel syndrome, cervical strain and sprain, history of left distal fibular fracture, right ankle sprain, bilateral upper extremity tenosynovitis, bilateral medial epicondylitis and dynamic right cubital tunnel syndrome. Subjective: April 27, 2015 TMJ pain and jaw pain, dry mouth, and sensitive teeth. April 24, 2015 "moderate to severe, frequent, constant, dull, sharp, cramping, ache, soreness and cramping." Objective: March 11, 2015 improvements noted in symptoms and or function as evidenced by "better concentration," April 24, 2015 lumbar spine with tenderness to palpate and spasm over lumbar paravertebral muscles and lumbosacral junction with tenderness over bilateral sacroiliac notches and left sacroiliac joint; positive Cozen's at elbows. Treatments have included Lorazepam, Lunesta, and Trazodone. Effexor, Restoril, MSContin, Methocarbamol, and Zofran. Lyrica, Colace, and Clonidine patches. Diagnostic testing: URD dated October 30, 2012 noted positive for all prescribed medications with one exception of a second Opiate for which she is not prescribed. Treatment modalities: psychiatric care, right ulnar nerve transposition 2005, bilateral carpal tunnel release. On August 28, 2015 a request was made for Soma 350mg #60 and Lorazepam 0.5mg that were noncertified by Utilization Review on September 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: 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): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on September 25, 2001. The medical records provided indicate the diagnosis of myofascial pain, dry mouth, and parafunctional activities., gastritis, constipation, narcotic bowel syndrome, cervical strain and sprain, history of left distal fibular fracture, right ankle sprain, bilateral upper extremity tenosynovitis, bilateral medial epicondylitis and dynamic right cubital tunnel syndrome. Treatments have included Lorazepam, Lunesta, and Trazodone. Effexor, Restoril, MSContin, Methocarbamol, and Zofran. Lyrica. Colace, and Clonidine patches. The medical records provided for review do not indicate a medical necessity for Soma 350mg #60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Carisoprodol (Soma) is a muscle relaxant with a recommended dosing of 250 mg-350 mg four times a day for not more than 2-3 weeks. The requested treatment is not medically necessary because it is being used as a sleeping pill, rather than as a muscle relaxant, also, the injured worker was advised to use it two times as needed in a day, meaning the injured worker would be using it beyond the 2-3 weeks recommended by the MTUS.

Lorazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: The injured worker sustained a work related injury on September 25, 2001. The medical records provided indicate the diagnosis of myofascial pain, dry mouth, and parafunctional activities., gastritis, constipation, narcotic bowel syndrome, cervical strain and sprain, history of left distal fibular fracture, right ankle sprain, bilateral upper extremity tenosynovitis, bilateral medial epicondylitis and dynamic right cubital tunnel syndrome. Treatments have included Lorazepam, Lunesta, and Trazodone. Effexor, Restoril, MSContin, Methocarbamol, and Zofran. Lyrica. Colace, and Clonidine patches. The medical records provided for review do not indicate a medical necessity for Lorazepam 0.5mg #30. Lorazepam is a benzodiazepine; the MTUS does not recommend the use of the benzodiazepines for longer than 4 weeks due to lack of efficacy and dependence, but the records indicate the injured worker has been using this for a long time. Therefore, this request is not medically necessary.