

Case Number:	CM15-0052363		
Date Assigned:	03/25/2015	Date of Injury:	05/09/2001
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male, who sustained an industrial injury on 5/9/01. The injured worker was diagnosed as having brachial radiculitis, pain in lumbar spine and lumbosacral radiculitis. Treatment to date has included physical therapy, acupuncture, chiropractor epidurals and medications including opioids. Currently, the injured worker complains of pain all over body including legs, spine and extremities. Examination of wrist revealed multiple tender spots above and below wrist, examination of cervical spine revealed tenderness to palpation diffusely with slightly restricted range of motion, examination of right shoulder revealed tenderness to palpation diffusely with slightly restricted range of motion, examination of the lumbar spine revealed tenderness to palpation about the midline and paravertebral musculature with restricted range of motion and examination of left knee revealed tenderness to palpation about the medial and lateral joint line with restricted range of motion and weakness of the knee. The treatment plan included prescriptions for Naproxen, Omeprazole and Cyclobenzaprine.

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 Treatment Guidelines.

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

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic widespread pain with a likely diagnosis of fibromyalgia. Soma (carisoprodol) is a muscle relaxant, which is not recommended, and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

Temazepam 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic widespread pain with a likely diagnosis of fibromyalgia. Temazepam (Restoril) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of temazepam is not medically necessary.