

Case Number:	CM14-0119650		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2004
Decision Date:	10/07/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 50 year old female who was injured on 03/12/2004. The mechanism of injury is unknown. Prior medication history included Soma, Norco, Diazepam, Topamax, Amitriptyline, Dyazide, Paxil, and Triamterene. Pr 07/08/2014 states the patient presented with complaints of pain. She reported pain in the right upper extremity. She is unable to sleep secondary to the pain. She is also complained of muscle spasm throughout upper back. On exam, neck range of motion is decreased with tenderness to palpation of the cervical spine. She has right mild edema with myofascial spasm in the upper back. The patient is diagnosed with CRPS right upper extremity and failed right stellate ganglion block. The patient's treatment plan included Cymbalta, Duragesic 50 mg, and MS Contin, Soma and Diazepam. Prior utilization review dated 07/23/2014 states the request for Soma 350 mg #180 with three refills is modified with for 3 month supply to allow for weaning; and Diazepam 10 mg #90 with three refills is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #180 with three refills: Upheld

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 , Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 65.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Soma is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for a short-term use. There is no supporting documentation showing any sustainable improvement in pain or function and long term use of Soma is not recommended therefore, this medication is not medically necessary.

Diazepam 10 mg #90 with three refills: Upheld

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): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Diazepam is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The supporting documentation does not identify the significant functional benefit of this medication for chronic anxiety. The request has exceeded the recommendation of the guidelines therefore, this is not medically necessary.