

Case Number:	CM14-0095036		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2012
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Illinois. 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 injured worker is a 57 year old female who reported an injury on 08/09/2012; the mechanism of injury was not provided. Diagnoses included cervical spine myofascitis with radiculitis and rule out cervical spine disc injury. Past treatments included chiropractic therapy and medications. Diagnostic studies were not included. The injured worker had right shoulder arthroscopic surgery, date unknown. The clinical note dated 06/16/2014 indicated the injured worker complained of anxiety, pain in the neck, stiff neck, pressure in right shoulder, numbness and tingling. Physical exam noted tenderness to cervical spine trapezius muscles, tenderness to the right shoulder, and limited range of motion. Current medications included Norco 10/325 mg, Soma 350 mg, and Ativan 5 mg. The treatment plan included Ativan 5 mg and Soma 350 mg; the rationale was for the treatment of insomnia. The request for authorization form was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 5mg: 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 Benzodiazepines Page(s): 24.

Decision rationale: The injured worker complained of insomnia due to pain. The California MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Ativan is classified as a benzodiazepine. The injured worker has been taking the medication since 05/12/2014. There is no documentation that the patient had improved sleep while taking the medication. Furthermore, the request does not contain indicators of quantity and frequency for taking the medication. Because the guidelines state that benzodiazepines are not recommended for long-term use, the request for Ativan 5 mg is not medically necessary.

Soma 350mg: 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) Page(s): 29.

Decision rationale: The injured worker complained of insomnia due to pain. The California MTUS Guidelines indicate that Carisoprodol (Soma) is not recommended and not indicated for long-term use. The injured worker has been taking the medication since 05/12/2014. There is no documentation that the patient had improved sleep while taking the medication. Furthermore, the request does not contain indicators of quantity and frequency for taking the medication. Because the guidelines state that Carisoprodol (Soma) is not recommended and not indicated for long-term use, the request for Soma 350 mg is not medically necessary.