

<b>Case Number:</b>	CM14-0096891		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/10/2003
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 American Board of Family Practice, has a subspecialty in California and is licensed to practice in California. 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:

This 56 yr. old female claimant sustained a work injury on 7/10/03 involving the neck. She was diagnosed with cervical spine radiculopathy and developed cervicogenic headaches. She underwent a cervical laminectomy and had a spinal cord stimulator placement in 2010. The stimulator was removed due to incorrect lead placement. A progress note on 5/7/14 indicated the claimant had reduced cervical range of motion and some shoulder weakness. She had been on Norco, Fexmid, Soma, Restoril and Nortriptyline for her pain symptoms. She had been on these medications for several months with minimal change in exam or function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 25 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

**Decision rationale:** Nortriptyline is a tricyclic antidepressant. According to the MTUS guidelines, it is recommended for pain accompanied with insomnia, anxiety and depression. It is recommended for neuropathic pain. In this case, the claimant had been on Nortriptyline for

several months; however, there is no indication as to the functional or pain response to the medication. Its diagnosis related use is also not specified. Continued use of Nortriptyline 25mg is therefore not medically necessary.

**Soma 350 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

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

**Decision rationale:** According to the MTUS guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Based on the above guidelines, continued use of Soma 350 mg #90 is not medically necessary.

**Restoril 30 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

**Decision rationale:** Restoril is a benzodiazepine. According to the MTUS guidelines, it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Restoril is commonly used for insomnia. However, in his case, the claimant's sleep disorder was not specified and she had been on it for several months. According to the ODG guidelines, insomnia medications are recommended that treatment be based on the etiology. 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. Based on the above and insufficient clarity in continued use, the Restoril 30 mg #30 is not medically necessary.