

Case Number:	CM15-0013171		
Date Assigned:	01/30/2015	Date of Injury:	08/04/2010
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Washington

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 46-year-old male who reported an injury on 08/04/2010 due to an unspecified mechanism of injury. On 12/23/2014, he presented for a followup evaluation regarding his work related injury. He noted that his medications were helpful in tolerating his pain, including Soma and hydroxyzine. He described bilateral wrist, shoulder, neck, and low back pain rated at a 7/10 without medications and a 5/10 with medications. A physical examination of the cervical spine showed 5/5 bilateral upper extremities strength, intact sensation, and tenderness in the paraspinal muscles and over the facet joints. Range of motion was reduced secondary to pain and full active motion was noted at the bilateral wrists. The lumbar spine showed 5/5 bilateral lower extremities strength, intact, and tenderness and muscle spasm over the paraspinal muscle spasms with pain and reduced active range of motion in all planes. His medications included Soma 350 mg 1 tab by mouth at bedtime as needed and hydroxyzine HCl 25 mg 1 to 2 tabs by mouth daily at bedtime. He was diagnosed with cervical and lumbar degenerative disc disease, neck pain, low back pain, tendinitis of the shoulder, carpal tunnel syndrome bilaterally, and chronic pain syndrome. The treatment plan was for Soma 350 mg #30 and #20 and Atarax 25 mg #60. The rationale for treatment was to treat the injured worker's pain and symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of Soma and state that this medication is not intended for long term use. There was a lack of documentation showing that the injured worker has had an objective improvement in function with the use of this medication to support its continuation. Also, the guidelines do not support the use of this medication and without knowing exactly how long the injured worker has been using Soma for treatment, continuing would not be supported as it is also not recommended for long term therapy. Furthermore, the frequency of this medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Atarax 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Anxiety Medications in Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/SSRIs Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that H2 receptor agonists should be considered if there is evidence that the injured worker is at high risk for gastrointestinal events with NSAIDs or SSRIs. The documentation provided does not indicate that the injured worker has been at high risk for gastrointestinal events or that he has any underlying health risks to support the request for Atarax. Also, there was a lack of evidence showing that he has had a quantitative decrease in pain or an objective improvement in function to support a continuation. Furthermore, the frequency of this medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Soma 350mg #20: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of Soma and state that this medication is not intended for long term use. There was a lack of documentation

showing that the injured worker has had an objective improvement in function with the use of this medication to support its continuation. Also, the guidelines do not support the use of this medication and without knowing exactly how long the injured worker has been using Soma for treatment, continuing would not be supported as it is also not recommended for long term therapy. Furthermore, the frequency of this medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.