

Case Number:	CM15-0014199		
Date Assigned:	02/02/2015	Date of Injury:	08/11/2010
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 49 year old male, who sustained an industrial injury on August 11, 2010. He has reported neck pain and lower back pain. The diagnoses have included cervicalgia, cervical spine radiculopathy, lower back pain, lumbar spine radiculopathy, and chronic pain syndrome. Treatment to date has included medications, physical therapy, injections, and imaging studies. A progress note dated December 18, 2014 indicates a chief complaint of continued neck pain, lower back pain and right leg pain. Physical examination showed cervical and lumbar spine tenderness, increased pain with lumbar spine range of motion, decreased sensation of the left arm and hand, decreased sensation of the right thigh, and a slightly antalgic gait. The treating physician is requesting prescriptions for Soma 350 mg x 60 and Trazodone 50 mg x 60. On January 7, 2015 Utilization Review partially certified the request for the prescriptions with adjustments for quantities, citing the MTUS chronic pain medical treatment guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg/tab; 1 tab p.o. BID PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 29, 63-66.

Decision rationale: The requested Soma 350mg/tab; 1 tab p.o. BID PRN #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued neck pain, lower back pain and right leg pain. The treating physician has documented cervical and lumbar spine tenderness, increased pain with lumbar spine range of motion, decreased sensation of the left arm and hand, decreased sensation of the right thigh, and a slightly antalgic gait. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg/tab; 1 tab p.o. BID PRN #60 is not medically necessary.

Trazodone 50mg/tab; 1 tab p.o. BID /Bedtime #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 Mental Illness and Stress, Trazodone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Pages 13-16 Page(s): 13-16.

Decision rationale: The requested Trazodone 50mg/tab; 1 tab p.o. BID /Bedtime #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, recommend anti-depressant medications for chronic pain, neuropathic pain and pain-induced depression. The injured worker has continued neck pain, lower back pain and right leg pain. The treating physician has documented cervical and lumbar spine tenderness, increased pain with lumbar spine range of motion, decreased sensation of the left arm and hand, decreased sensation of the right thigh, and a slightly antalgic gait. The treating physician has not documented objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Trazodone 50mg/tab; 1 tab p.o. BID /Bedtime #60 is not medically necessary.