

Case Number:	CM15-0177956		
Date Assigned:	09/18/2015	Date of Injury:	10/20/2012
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 10-20-2012. She has reported injury to the neck. The injured worker has been treated for cervical pain; cervical degenerative disc disease; cervical spinal stenosis; right C6 radiculopathy; right rotator cuff strain; chronic pain syndrome; headaches; and low back pain. Treatment to date has included medications, diagnostics, bracing, injections, epidural steroid injection, physical therapy, cognitive behavioral therapy, and surgical intervention. Medications have included Norco, Soma, Trazodone, Zofran, and Phenergan. Surgical intervention has included C5-7 anterior cervical discectomy and fusion, on 07-07-2015. A progress report from the treating physician, dated 08-26-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued aching pain in the neck which can radiate to the shoulders; she is doing physical therapy twice a week; pain levels are rated at 6 out of 10 in intensity before medication, coming down to 4 out of 10 in intensity without medication; the pain is worse with prolonged positions; the pain is decreased with change of position, injection, and therapy; she is currently taking Norco, Trazodone, and Promethazine for nausea; she needs something for constipation from the Norco; she is getting good relief from the medication and she is tolerating it well; she needs her Soma as she is having significant spasm as she recovers from surgery; functional improvement with medication is allowing her to do housework, cooking, and her exercises; and she is not working. Objective findings included she is tender in the paracervical muscles and the upper trapezius; there is palpable spasm; range of motion is moderately decreased in all fields causing pain; sensation is intact; strength is 5 out of 5

bilaterally; and the urine toxicology screen from 07-31-2015 is consistent with Hydrocodone and Soma. The treatment plan has included the request for 60 Soma 350mg; 30 Phenergan 25mg; and 60 Trazodone 50mg. The original utilization review, dated 09-03-2015, non-certified a request for 60 Soma 350mg; 30 Phenergan 25mg; and 60 Trazodone 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing neck pain this is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

30 Phenergan 25mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, phenergan.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of nausea. The patient has documented symptomatic nausea with no contraindications to the medication. Therefore, the request is medically necessary.

60 Trazodone 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore, the request is not medically necessary.