

Case Number:	CM15-0061671		
Date Assigned:	04/07/2015	Date of Injury:	07/01/2003
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, California
 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 53 year old female, who sustained an industrial injury on 07/01/2003. She has reported injury to the bilateral upper extremities and the cervical spine. The diagnoses have included cervical pain, lumbago, lumbar radiculitis, and myofascial pain syndrome. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic, physical therapy, and right/left cervical medial branch blocks. Medications have included Norco, Methadone, Soma, and Lidoderm patch. A progress note from the treating physician, dated 02/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of back pain, neck pain, and arm pain; pain is rated at 9/10 on the visual analog scale; medications help some; Tizanidine makes her feel groggy; and she wants to go back on Soma. Objective findings have included tenderness of the cervical spine with decreased flexion and extension; tenderness of the lumbar spine; tenderness at the facet joint; and decreased flexion and extension of the lumbar spine. The treatment plan has included the request for Methadone 10 mg #300; and for Soma 350 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was on Norco along with Methadone and had 9/10 pain while on medications, indicating tolerance and lack of benefit. As a result, continued and long-term use of Methadone is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 39.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone and Methadone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.