

Case Number:	CM15-0067757		
Date Assigned:	04/15/2015	Date of Injury:	06/29/2000
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 6/29/2000. The injured worker was diagnosed as having lumbago. Treatment to date has included both conservative and invasive treatments. Lumbar surgery was noted in 1994, 2006, and 2008. Currently, the injured worker complains of chronic low back pain, rated an average of 5/10, and sleep disturbance, rated an average of 4/10. She was upset and anxious regarding medication denials/reductions. Current medications included Carisoprodol, Cymbalta, Duloxetine, Methadone, Norco, Soma, trazadone, Divigel, Miralax, intrathecal medications, and vitamins. She has depression associated with her chronic pain syndrome. Urine drug screening was documented as consistent with prescribed medications. She was permanent and stationary as of 1/04/2006 and retired in 2010. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 with 2 refills: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific regarding Soma (Carisoprodol). This drug is not recommended under any circumstances. It is not recommended as a muscle relaxant, sleep aid or anti-anxiety medication. The Soma is not supported by Guidelines and is not medically necessary.

Trazadone 100mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental and Stress - Trazadone Pain - Insomnia Treatment.

Decision rationale: MTUS Guidelines do not adequately address this medication. ODG Guidelines do support a narrow number of medications for chronic insomnia related to pain. ODG Guidelines go on to state that if there is a component of depression associated with the insomnia, Trazadone is a reasonable medication option. Under these circumstance, the Trazadone is supported by Guidelines and is medically necessary.