

Case Number:	CM15-0096129		
Date Assigned:	05/26/2015	Date of Injury:	12/06/2007
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, Florida, 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:

This is a 55 year old male with a December 6, 2007 date of injury. A progress note dated March 18, 2015 documents subjective findings (lower back pain and bilateral knee pain; pain rated at a level of 5/10 with medications and 7/10 without medications; poor sleep quality), and current diagnoses (failed back surgery syndrome status post lumbar fusion; chronic bilateral knee pain). Objective findings for this date of evaluation were not included in the medical record reviewed. A progress note dated March 4, 2015 documented objective findings (antalgic gait; loss of normal lordosis of the lumbar spine; restricted lumbar spine range of motion; positive lumbar facet loading; straight leg raise positive on the right; restricted range of motion of the bilateral knees; tenderness noted over the medial joint line). Treatments to date have included spinal fusion surgery (provided mild pain relief), intrathecal pain pump, medications, physical therapy, imaging studies, and lumbar epidural steroid injections (no significant pain relief). The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Hydromorphone, Wellbutrin, Soma, and Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Weaning, Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29 of 127.

Decision rationale: The MTUS notes regarding Soma, also known as carisoprodol: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately not medically necessary.

Paxil 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.