

Case Number:	CM14-0201461		
Date Assigned:	12/11/2014	Date of Injury:	12/20/1996
Decision Date:	12/29/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/02/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76-year-old female, who sustained an industrial injury on 12-20- 1996. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical radiculopathy, muscle spasm, fibromyalgia, lumbar radiculopathy, and lumbar spondylosis. Treatment and diagnostics to date has included urine drug screen dated 09-16-2014 (positive for Oxycodone, Gabapentin, Meprobamate, and Lorazepam and negative for Carisoprodol) and use of medications. Recent medications have included Aciphex, Oxycodone, OxyContin, Soma (since at least 05-27-2014), Restoril (since at least 05-27-2014), and Neurontin. Subjective data (10-14-2014 and 11-11-2014), included neck, back, and right hip pain. Objective findings (11-11-2014) included cervical and lumbar spine tenderness with palpable twitch positive trigger points. The request for authorization dated 11-11-2014 requested Oxycodone, OxyContin 10mg, OxyContin 15mg, Restoril 30mg capsule-1 capsule once a day for 30 days-#30, Soma 350mg tablet-1 tablet twice a day as needed for 30 days-#60, and Gabapentin. The Utilization Review with a decision date of 11-15-2014 modified the request for Restoril 30mg #30 and Soma 350mg #60 to Restoril 30mg #26 and Soma 350mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with cervical radiculopathy, muscle spasm, fibromyalgia, lumbar radiculopathy and lumbar spondylosis. The current request is for Restoril 30mg #30. In the treating report dated 11/11/14 (14C) the treating physician states, "Medications prescribed: Restoril 30 mg capsule 1 Capsule Once a Day for 30 days, Dispense 30 capsules." Restoril belongs to a group of drugs called benzodiazepines. MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the clinical records do not define when the patient began treating with Restoril but there is documentation of treatment back to at least 5/27/14 (71C). Currently the medication is being prescribed for long-term usage. The current request is not medically necessary.

Soma 350mg #60: 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 patient presents with cervical radiculopathy, muscle spasm, fibromyalgia, lumbar radiculopathy and lumbar spondylosis. The current request is for Soma 350mg #60. In the treating report dated 11/11/14 (14C) the treating physician states, "Medications prescribed: Soma 350 mg tablet 1 Tablet Twice a Day PRN for 30 days, Dispense 60 tablets." MTUS Guidelines for Carisoprodol (Soma) state, "Not recommended. This medication is not indicated for long-term use." MTUS Guidelines further note, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation." In this case, the clinical records do not define when the patient began treating with Soma but treatment is recorded back to at least 5/27/14 (73C). Currently the medication is being prescribed for long-term usage. Thus, the current request is not medically necessary.