

Case Number:	CM14-0173561		
Date Assigned:	10/24/2014	Date of Injury:	12/15/1989
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Orthopedic and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male with a date of injury of December 15, 1989. The patient has reported trouble sleeping. The patient also has chronic pain. He has pain in the bilateral legs the neck the thoracic spine in the low back. He reports that the pain is made worse by lack of sleep. With medications the pain is improved. The patient takes medication for sleep. He also has depression, anger and anxiety. The patient takes narcotics for pain. At issue is whether medication is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 200mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Treatment Guidelines

Decision rationale: Seroquel 200mg #30 is not medically necessary as per ODG guidelines. ODG guidelines indicate that this medicine is not recommended as a first line treatment for insomnia. There is insufficient evidence to recommend this atypical antipsychotic medication

for insomnia. There is no good evidence to support the use of this medication for sleep. Therefore, this request is not medically necessary.

Carisoprodol 350mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Carisoprodol (Soma)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Treatment Guidelines

Decision rationale: Carisoprodol 350mg, #60 with 1 refill is not recommended as per MTUS guidelines. MTUS guidelines indicate that this medicine is not recommended for chronic pain. Therefore, this request is not medically necessary.