

<b>Case Number:</b>	CM13-0030758		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 54 year old injured worker who has a 5/22/01 industrial injury claim involving their neck and bilateral wrists. Diagnosis include chronic cervical sprain and right shoulder sprain. On 9/24/13 [REDACTED] reviewed the physician's 7/9/13 report and recommended partial certification for a prescription of Xanax 0.25gm 2 refills, #30; Soma 350mg 2 refills #30; and Norco 10/325mg 2 refills 60. The 8/19/13 report from [REDACTED] states the patient has developed chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #30, 2 refills, quantity 90:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Benzodiazepines such as Xanax are not recommended for long-term and most guidelines limit use to 4-weeks. The patient has been on benzodiazepines for over 4-months. The continued use

of Xanax will exceed the MTUS recommendations. The request for Xanax #30, 2 refills, quantity 90, is not medically necessary and appropriate.

**Soma 350mg a day #30, 2 refills, quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines specifically states that Soma is not to be used longer than 3-weeks. The 7/9/13 and 8/19/13 reports request authorization for continued use of Soma. The patient has been on Soma for over 4-months. The continued use of Soma will exceed the MTUS recommendations. The request for Soma 350mg a day #30, 2 refills, quantity 90 is not medically necessary and appropriate.

**Norco 10/325mg every 6 hours, #60, 2 refills, quantity 180:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Norco 10/325mg every 6 hours, #60, 2 refills, quantity 180 is not medically necessary and appropriate.