

Case Number:	CM13-0038051		
Date Assigned:	12/18/2013	Date of Injury:	06/18/1992
Decision Date:	04/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 Claimant is a 65 year old male who sustained a work related fall injury on June 18, 1992 in a left upper extremity, neck, and back injury with multiple spinal fractures. He had a laminectomy and cervical fusion from which he also developed post-lamniectomy syndrome. An examination report on September 4, 2013 stated the claimant had up to 7/10 pain with range of motion, continued headaches and upper extremity neuropathy. He has remained on MSContin, Oxycontin IR, and Norco for pain. The medications had developed severe xerostomia, temporomandibular joint (TMJ), bruxism, and dysphagia. He had been using Soma for several years (at least since 2011) for muscle spasms and Halcion as a sleep aid. The claimant had been on Ambien for sleep aid previously. A request was made on September 12, 2013 for continued use of Halcion .25mg #30 and Soma 350mg #120. A follow-up note on Oct 2, 2013 and Oct 30, 2013 indicated the claimant had still been on Halcion for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29 and 65.

Decision rationale: According to the California MTUS guidelines, Soma is not recommended for long-term use. It is a muscle relaxant and has no benefit over NSAIDs. It can augment other medications such as alcohol or opioids and have a heroin like effect. Intoxication includes decreased cognitive function. It is not recommended for longer than a 2 to 3 week period. In this case, the claimant has used Soma (Carsiprodolol) for several years and continued use is not medically necessary.

HALCION 0.25MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: BENZODIAZEPINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Medications.

Decision rationale: According to the California MTUS Guidelines Halcion is a Benzodiazepine and is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. According to the Official Disability Guidelines, FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom[®]), flurazepam (Dalmane[®]), quazepam (Doral[®]), and temazepam (Restoril[®]). Triazolam (Halcion[®]) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). There was no documentation as to the response of prior use of Ambien. The claimant had also been on significant amount of opioids that would compound the adverse effects of Halcion. Based on the above guidelines and documentation noting prolonged use of Halcion beyond 30 days, the Halcion is not medically necessary.

FexMid 7.5mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: According to the California MTUS Guidelines Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, Flexeril was added to Soma for intentions of muscle relaxation. In addition, the amount prescribed exceeds a 1-month supply. As noted in the guidelines, it is not recommended to combine with other agents and is therefore not medically necessary.