MAXIMUS Federal Services

Case Number:	CM13-0067944		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2007
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 47-year-old female who reported injury on 05/07/2007. The precise mechanism of injury was not provided. The patient's medication history included alprazolam in 2011 and Soma 1.5 years prior to the examination of 07/15/2013. The patient's diagnosis was noted to be internal derangement/mechanical back. The documentation of 07/15/2013 revealed that the patient had an overdose of Soma approximately 18 months prior to the examination of 07/15/2013. The patient had been seen on 01/11/2011 and had been per the physician over-medicated. The documentation of 11/25/2013 revealed that the patient had low back pain without radiation to her extremities 24 hours a day, 7 days a week. The patient had left-sided foot drop and had significant lumbar and shoulder tenderness. The plan was for Soma, methadone, alprazolam and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA: 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): 63.

Decision rationale: California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The physical examination failed to indicate the patient had muscle spasms to support the necessity. The clinical documentation submitted for review failed to support the appropriateness of this medication for the patient and the functional benefit that was received. The request as submitted failed to indicate the quantity of medication being requested. There was a lack of documentation indicating the strength of the medication being requested. Given the above, the request for Soma would not be medically necessary.

ALPRAZOLAM: 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 Benzodiazepines Page(s): 24.

Decision rationale: California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. There was a lack of documentation of the efficacy for the medication. There was a lack of documentation of functional benefit received from the medication. The request as submitted failed to indicate the strength as well as the quantity of medication being requested. Given the above, the request for alprazolam is not medically necessary.