

Case Number:	CM14-0009825		
Date Assigned:	02/21/2014	Date of Injury:	06/04/2001
Decision Date:	07/16/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 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:

This is a 55 year-old male who has reported widespread pain attributed to an injury on 6/4/01. Current diagnoses included lumbar strain with radicular symptoms, right shoulder strain status post right shoulder surgery on 12/18/01, and cervical strain. Treatment has included surgery, injections, physical therapy, chiropractic, and many medications, including the medications now under review. Periodic reports during 2013 list a totally disabled functional status and have no discussion of the specific results of taking the five listed medications. Xanax is stated to be for anxiety cause by pain and Soma is for spasm. Reports mentioned ongoing shoulder, neck, back and leg pain. Radicular findings, spasm, and tenderness were present. Medications included Vicodin ES, Soma, Xanax 0.5mg, Zantac 150mg, and Ketoprofen 75mg. These medications were prescribed at each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,63.

Decision rationale: The MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. This has been prescribed consistently for over the last year. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Soma is categorically not recommended for chronic pain, due to its habituating and abuse potential. Per the MTUS, ongoing Soma is not indicated and is not medically necessary.

XANAX 0.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

Decision rationale: The treating physician has not provided a sufficient account of the indications and functional benefit from this medication. The reports do not discuss any specific results of using this medication and why it is indicated for long term use when the MTUS recommends against this practice. The MTUS does not recommend benzodiazepines for long term use for any condition. Xanax is not prescribed according the MTUS and is not medically necessary.