

<b>Case Number:</b>	CM14-0108270		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/11/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on November 11, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and bilateral upper extremity pain. The physical examination demonstrated decreased range of motion of the cervical spine, lumbar spine, and shoulders. There was noted to be a decreased right-sided grip strength and right shoulder strength with flexion and abduction. There was decreased sensation at the right middle finger and ring finger. Diagnostic imaging studies of the right shoulder indicated a recurrent SLAP tear and moderate arthritis of the glenohumeral joint and acromioclavicular joint. Previous treatment includes chiropractic care, physical therapy, and acupuncture. A request had been made for Klonopin and Soma and was not certified in the pre-authorization process on July 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #15:** Upheld

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

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

**Decision rationale:** Klonopin is a Benzodiazepine used for the treatment of anxiety and panic disorders. According to the attached medical record the injured employee does not diagnosed with these conditions nor is long-term usage of this medication recommended due to development of tolerance and hypnotic effects. For these reasons this request for Klonopin 0.5mg #15 is not medically necessary.

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Soma 350mg #60 is not medically necessary.