

Case Number:	CM14-0011491		
Date Assigned:	02/21/2014	Date of Injury:	10/04/2003
Decision Date:	07/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 46 year old patient with a date of injury on 10/4/2003. The mechanism of injury was not noted. On a physical exam dated 3/3/2013, the patient says his pain prevents him from walking more than mile. Most his strength is physiologic, and he is noted to have negative straight leg raise on the left producing only back pain and on the right some numbness extending from the low back up to the level of the knee anteriorly. Diagnostic impression from 8/8/2013 showed degenerative disc disease at L4-L5 and L5-S1, and a right posterior disc protrusion at L5-S1 that causes right lateral recess and right neural foramen entry zone narrowing. Treatment to date: medication therapy, activity modification. A UR decision on 1/20/2014 denied the request for Soma 350 #90 and Clonazepam 2mg #60. It stated that Soma is not recommended under the CA MTUS guidelines for long-term use, and tapering should be individualized for each patient. There is also risk of dependence with long term use. It also stated that clonazepam is a benzodiazepine that's not recommended for long-term use because of unproven efficacy, as well as a risk for psychological and physical dependence or addiction. Most guidelines limit use to four weeks. The patient has been taking clonazepam for well over 4 weeks since at least March 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: 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, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, no documented benefits have been noted from the use of Soma. Furthermore, carisoprodol has also been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient is documented to be on Norco 10/325. Therefore, the request for Soma 350mg is not medically necessary.

Clonazepam 2mg #60: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. The patient has been taking clonazepam for well over 4 weeks since at least March 2013. Furthermore, there was no documented functional improvement noted from the use of the Clonazepam. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions, tolerance develops quickly. Long-term use may actually increase anxiety. Therefore, the request for Clonazepam 2mg #60 is not medically necessary.