

Case Number:	CM14-0017497		
Date Assigned:	04/14/2014	Date of Injury:	08/25/2010
Decision Date:	11/17/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, Cardiovascular Disease, Interventional Cardiology and is licensed to practice in Texas, Oklahoma, and 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 injured worker is a 54-year-old male who reported injury on 08/25/2010. The injured worker's diagnosis included lumbar and ankle sprain and strain. The injured worker's medications included Norco 10/325 mg, Soma 350 mg, and Xanax 5 mg. The mechanism of injury was unloading meat boxes out of his truck. The injured worker slipped out of the back of the truck and hit his left knee on a 24 inch high step and then the curb with his left lower extremity wedged between the ramp and the curb and ultimately landed on his left side. The injured worker underwent an open reduction internal fixation of the left ankle and removal of the hardware. Other therapies included epidural steroid injections and medications. The injured worker underwent urine drug screens. The injured worker underwent a left knee arthroscopy and partial lateral meniscectomy and chondroplasty on 04/19/2011. The injured worker underwent a right knee arthroscopy including a partial lateral meniscectomy and chondroplasty on 06/18/2013. The injured worker underwent an MRI and x-rays. Other therapies included physical therapy and medication. The medication Norco and Soma were noted to be utilized in mid-2013. Xanax was noted to be present per the urine drug screen in late 2013. The injured worker underwent an EMG/NCV. The documentation of 01/03/2014 revealed the injured worker had complaints of low back pain and left ankle pain. The pain was rated as a 10/10. The documentation indicated the injured worker was tolerating the medications well and showed no evidence of developing medication dependence. The injured worker's symptoms were adequately managed with medications. The current medications included alprazolam 0.5 mg tablets 1 to 2 by mouth for anxiety, carisoprodol 350 mg 1 to 2 by mouth for muscle spasms, hydrocodone/acetaminophen 10/325 mg 1 to 2 every 6 hours as needed for pain, and pantoprazole 20 mg 1 daily. The physical examination revealed decreased range of motion at the

lumbar spine. There was hyperesthesia over the medial calf and lateral calf on the left side. The straight leg raise was positive bilaterally. The diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified, myalgia and myositis not otherwise specified, arthropathy not otherwise specified of the lower leg, and pain in the joint of lower leg. The medications were refilled. The treatment plan included a thoracic epidural steroid injection and medication refills. The documentation of 06/17/2014 revealed the injured worker had left ankle pain and multiple joint pain. The pain was a 10/10. The injured worker indicated the medications were helping. The injured worker was tolerating the medications. The documentation indicated there was no evidence of developing medication dependency. The medications included the same medications as previously mentioned with an addition of Methoderm gel. The objective findings remained the same. The treatment plan included refills of the previously mentioned medications and Topiramate. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence that the injured worker had been on the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #30 with 1 refill is not medically necessary.

XANAX 5MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 4 weeks due to a high risk of physiological and psychological dependency. The clinical documentation submitted

for review indicated the injured worker had utilized the medication for an extended use of time. The efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 5 mg #30 is not medically necessary.