

Case Number:	CM14-0111536		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2008
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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:

The patient is a 52-year-old male who has submitted a claim for postlaminectomy syndrome - lumbar associated with an industrial injury date of 08/28/2008. Medical records from 2014 were reviewed, which showed that the patient complained of sharp and burning neck pain that radiates to his bilateral shoulders. Pain is rated at 6 out of 10 with medications and 7 out of 10 without medications. Pain is aggravated with prolonged sitting or standing. Pain is accompanied by headaches, described as intermittent and severe migraines and numbness in the hands. Patient also complains of chronic low back pain. Physical examination reveals diffuse bilateral tenderness in the trapezii and interscapular area. Range of motion in the cervical spine is limited. Spurling's and Tinel's are positive. Treatment to date has included oral medications and conservative treatment including ice, heat, exercise, stretching and ergonomic positioning. Utilization review from 07/07/2014 modified the request for SOMA 350mg #90 to #8 for purposes of weaning. Medical records submitted does not show evidence of an acute event or clinical examination findings of acute muscle spasm. The same review modified the request for Valium 5mg #30 to #25 for weaning purposes. The guidelines do not recommend long term use of benzodiazepines for treating chronic pain patients with limitation of use to 4 weeks. Patient has been on Soma and Valium since at least 09/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Soma 350 mg #90: 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 : Carisoprodol (Soma), Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available),.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as September 2013. The guideline does not support long term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. Therefore, the request for SOMA 350mg #90 is not medically necessary.

Prospective request for one (1) prescription of Valium 5 mg #30: 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: Page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Likewise, tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, Valium intake was noted as far back as September 2013. This was taken for treatment of chronic pain. However, there was no objective evidence of failure of other muscle relaxants or antidepressants that would necessitate use of Valium. Moreover, there was no objective evidence of overall pain improvement and functional gains directly attributed to its use. The guideline does not support long term use because tolerance develops rapidly, and there is risk for dependence. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Valium 5mg #30 is not medically necessary.