

<b>Case Number:</b>	CM14-0118229		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/26/1995
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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, has a subspecialty in Interventional Spine 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 54-year-old female with a date of injury of 04/26/1995. The listed diagnoses per [REDACTED] are: 1. Mononeuritis, unspecified. 2. Pain, soft tissue. 3. Below-knee amputation. 4. Dysthymic disorder. According to the medical file, the patient is status total knee replacement in 2007, arthrodesis fusion of the left knee in 2007, and finally an above-knee amputation on 12/26/2008. According to progress report 06/03/2014, the patient got her new prosthesis last week and is able to ambulate about 60 feet in the parallel bars in physical therapy. She is having some painful rubbing at the medial rim of the socket and an increase in muscle spasm with exercises and physical therapy. Her current medication regimen includes Opana 5 and 10 mg, Soma 350 mg, clonazepam 0.5 mg, and Lyrica 100 mg. The physician is requesting a refill of Soma 350 mg and clonazepam 0.5 mg. Utilization Review denied the request on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, 3-4 per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain) Page(s): 29, 63-66.

**Decision rationale:** This patient presents with her new prosthesis and is having some painful rubbing at the medial rim of the socket with an increase of muscle spasms. Treater is requesting a refill of Soma to be taken 3 to 4 per day. The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP." Review of the medical file indicates the patient has been taking Soma since 02/04/2014. Muscle relaxants are recommended for short term use only. Soma 350mg, 3-4 per day is not medically necessary.

**Clonazepam .5mg 2 pills a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** This patient presents with her new prosthesis and is having some painful rubbing at the medial rim of the socket with an increase of muscle spasms. The treater is requesting a refill for clonazepam 0.5 mg 2 pills per day. He states clonazepam is for patient's anxiety which is related to her pain and the influence of muscle spasms and problems with sleep. The MTUS guidelines page 24 states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." This patient has been prescribed this medication on a long term basis. MTUS guidelines are clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence. So Clonazepam .5mg 2 pills a day is not medically necessary.