

<b>Case Number:</b>	CM14-0135524		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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:

According to the records made available for review, this is a 52-year-old male with a 9/8/08 date of injury. At the time (7/31/14) of request for authorization for Soma 350 mg one refill (quantity not given) and Xanax 1mg one refill (quantity not given), there is documentation of subjective (back pain of 7/10, right knee pain of 7/10, and left shoulder pain of 10/10) and objective (limited and painful range of motion to left shoulder, bilateral hips, and knees; left shoulder motor strength of -5/5; and positive McMurray's sign to right knee) findings, current diagnoses (Lumbar Spine Myofascitis with Radiculitis, Lumbago, and Sciatica), and treatment to date (medications (including ongoing treatment with Norco, Protonix, Soma, and Xanax since at least 3/25/14)). Regarding Soma, there is no documentation of acute exacerbations in patients with chronic low back pain; intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Regarding Xanax, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg one refill (quantity not given): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical service. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of Lumbar Spine Myofascitis with Radiculitis, Lumbago, and Sciatica. In addition, there is documentation of ongoing treatment with Soma and Soma used as a second line option. However, there is no documentation of acute muscle spasms or acute exacerbations in patients with chronic low back pain. In addition, given documentation of records reflecting prescriptions for Soma since at least 3/25/14, there is no documentation of the intention to treat over a short course (less than two weeks). Further, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg one refill (quantity not given) is not medically necessary.

**Xanax 1mg one refill (quantity not given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Lumbar Spine Myofascitis with Radiculitis, Lumbago, and Sciatica. In addition, there is documentation of ongoing treatment with Xanax. However, given documentaiton of ongoing treatment with Xanax since atleast 3/25/14, there is no documentation of intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date. Therefore, based on guidelines and a review of the evidence, the request for Xanax 1mg one refill (quantity not given) is not medically necessary.