

Case Number:	CM14-0159117		
Date Assigned:	10/02/2014	Date of Injury:	01/25/2008
Decision Date:	12/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on January 25, 2008. Subsequently, he developed with chronic neck shoulder and back pain. The patient was diagnosed with lumbar sprain, neck sprain, brachial neuritis and post lumbar laminectomy syndrome. According to a progress report dated on August 7, 2014 the patient was reported to have ongoing neck pain radiating to both shoulders, lower back pain radiating to both thighs. He previously underwent facet joint injections with 75% improvement of his overall functionality. He also underwent epidural injections with partial alleviation of his radicular pain. The provider is requesting authorization for Soma and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg # 120 with refill for 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute

exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient has no clear evidence of recent spasm or exacerbation of back pain. There is no justification for use of Soma. The request for Soma is not medically necessary.

Xanax 2mg #15 with refill for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressant. Therefore, the use of Xanax 2mg #15 with refill for 3 months is not medically necessary.