

<b>Case Number:</b>	CM14-0027599		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Preventive Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 52 year old employee with date of injury of January 8, 2002. Medical records indicate the patient is undergoing treatment for chronic cervical spine pain; history of previous C5-6 and C6-7 anterior cervical discectomy and interbody fusion, cervical discogenic disease with radiculitis; chronic cervical spine/strain; status post posterior cervical fusion and chronic anxiety. Subjective complaints include chronic severe pain. Objective findings include a mild spasm and peri-incisional atrophy. Treatment for her chronic cervical spine pain has consisted of therapy, Restoril, Xanax and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTORIL 30MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, XANAX.

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

**Decision rationale:** Restoril (tamezepam) is a benzodiazepine. MTUS states that benzodiazepine (ie Restoril) is "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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The utilization review dated 2/19/14 discusses a modification of Restoril due to tolerance and recommends weaning the patient off of the medication. Based on the medical documentation provided, there is no evidence of functional improvement from Restoril. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. Therefore, the request for Restoril 30mg #30 is not medically necessary.

**XANAX 2MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, BENZODIAZEPINES.

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

**Decision rationale:** MTUS states that benzodiazepine (i.e. Xanax) is "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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The utilization review dated 2/19/14 discusses a modification of Xanax due to tolerance and recommends weaning the patient off of the medication. Based on the medical documentation provided, there is no evidence of functional improvement from Xanax. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. Therefore, the request for Xanax 2mg #120 is not medically necessary.

**SOMA #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, MUSCLE RELAXANT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance).

Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The ODG states that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Tapering of Soma was recommended in the utilization review dated 2/19/14. The medical records provided do not document any functional improvement or a decrease in pain due to the use of Soma. Therefore, the request for Soma #120 is not medically necessary.

**NORCO 10/325 #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** The ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document pain relief, increased level of function, or improved quality of life from Norco. Therefore, the request for Norco 10/325 #240 is not medically necessary.