

Case Number:	CM14-0053629		
Date Assigned:	07/07/2014	Date of Injury:	06/20/1997
Decision Date:	08/13/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 59-year-old female who reported injury on 06/20/1997. Diagnoses include post laminectomy syndrome of the cervical region. Medication history included Soma as of 11/25/2013 and Valium as of 11/25/2013. Documentation of 03/24/2014 indicate the injured worker's prior therapies include physical therapy and heat. The documentation indicated that the injured worker had chronic pain in the bilateral shoulders radiating into the chest region. The documentation indicated the injured worker's baseline pain score after treatment was 3/10 with a worst pain score of 6-7/10. The documentation indicated the injured worker was utilizing Soma at 1 to 2 times per day and alternating with Valium for severe muscle tightness and spasms in the cervical region. Additionally, the documentation indicated the injured worker was taking gabapentin 300 mg 1 a day for neuropathic pain and Motrin 400 mg for anti-inflammation. The injured worker denied side effects. The physical examination revealed tenderness over the paraspinal muscles overlying the facet joints and guarded cervical range of motion. The treatment plan included Diazepam 5 mg 1 tablet every 6 to 8 hours as needed with 3 refills and Soma 1 tablet daily as needed with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tablets, take 1 tablet daily as needed Qty: 30 and 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing medication since at least 11/2013. There was lack of documentation of objective functional improvement with the use of the medication. There was a lack of documentation indicating a necessity for 3 refills as the recommended use is less than 3 weeks. Given the above, the request for Soma 350 mg tablets 1 tablet daily as needed, quantity 30 with 3 refills is not medically necessary.

Diazepam 5mg tablets, 1 tablet every 6-8 hours Qty: 10 with 3 refills: 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: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of a psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing medication since at least 11/2013. As such, continued use would not be supported. There was lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Diazepam 5 mg 1 tablet every 6 to 8 hours, quantity 10 with 3 refills is not medically necessary.