

Case Number:	CM14-0055009		
Date Assigned:	07/18/2014	Date of Injury:	05/10/2001
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 53-year-old male with a 5/10/01 date of injury, and C4-C5 anterior cervical discectomy on 10/9/13. At the time (3/14/14) of request for authorization for Xanax .25mg #60 and Soma 350mg #60, there is documentation of subjective (back pain, neck pain, and left lower extremity pain with numbness and weakness) and objective (paravertebral musculature tenderness, decreased range of motion, and muscle spasms throughout the spine) findings, current diagnoses (cervical radiculopathy, bilateral sacroiliac joint arthropathy, lumbar radiculopathy, and anxiety and depression syndrome secondary to chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Xanax and Soma since at least 3/1/13)). Medical reports identify that medications (including Xanax and Soma) provide pain relief and help patient to function. Regarding Xanax, there is no documentation of the intention to treat over a short course (up to 4 weeks). Regarding Soma, there is no documentation of the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 cervical radiculopathy, bilateral sacroiliac joint arthropathy, lumbar radiculopathy, and anxiety and depression syndrome secondary to chronic pain syndrome. In addition, there is documentation of ongoing treatment with Xanax that provides pain relief and helps patient to function. However, given documentation of ongoing treatment with Xanax since at least 3/1/13, there is no documentation of the intention to treat over a short course (up to 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Xanax .25mg #60 is not medically necessary and appropriate.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29, Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

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 services. 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 cervical radiculopathy, bilateral sacroiliac joint arthropathy, lumbar radiculopathy, and anxiety and depression syndrome secondary to chronic pain syndrome. In addition, there is documentation of ongoing treatment with Soma that provides pain relief and helps patient to function. However, despite documentation of objective findings (muscle spasms throughout the spine) and a diagnosis of chronic pain syndrome, and given a 5/10/01 date of injury, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Soma since at least 3/1/13, there is no documentation of the intention to treat

over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #60 is not medically necessary and appropriate.