

Case Number:	CM14-0062059		
Date Assigned:	07/09/2014	Date of Injury:	01/04/2001
Decision Date:	08/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 56-year-old who sustained an industrial injury on January 4, 2001. His diagnoses include chronic low back pain- post-laminectomy syndrome s/p lumbar surgeries x 3, peripheral nerve involvement- peroneal nerve, and left knee pain - s/p L TKR. He continues to complain of low back pain and pain in the right shoulder. On exam he has back pain with painful sensations to the left foot. There is tenderness to palpation in the lumbar region with decreased lumbar extension. There is decreased sensation in the superficial peroneal distribution and loss of sensation in the first and second toes of the left foot. Treatment has included medical therapy with narcotics, Gabapentin Soma, Cymbalta, topical compounds, DHEA, Xanax and multiple surgeries. The treating provider has requested Soma 350mg #120 with 1 refill and Xanax 1 mg # 120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 120 count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 41.

Decision rationale: Per the reviewed literature, Carisoprodol (Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. There is no documentation of functional improvement from any previous use of this medication. According to the Chronic Pain Medical Treatment Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested for Soma 350mg, 120 count, is not medically necessary or appropriate.

Xanax 1mg, 120 count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines page 24 (pdf format) Page(s): 24.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The claimant should be weaned from Xanax therapy. Medical necessity for the requested medication, Xanax has not been established. The requested for Xanax 1 mg, 120 count with one refill, is not medically necessary or appropriate.