MAXIMUS Federal Services

Case Number:	CM14-0063382		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2007
Decision Date:	08/29/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

The patient is a 53-year-old female who has submitted a claim for cervical radiculopathy status post cervical fusion at C3-C5, associated with an industrial injury date of October 10, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of cervical spine and left upper extremity pain rated 8-9/10. Medications helped but she still continues to have moderate to severe pain. She has undergone left cervical C5 and C6 transforaminal epidural injection, and epidurogram (extradural myelogram) and neurogram on February 9, 2014; and Anterior Cervical Discectomy and Fusion from C3 through C5 levels in 2008. Physical examination showed bilateral C3 to C6 tenderness; limitation of motion of the cervical spine; and 1+ Deep Tendon Reflexes (DTRs) of the bilateral triceps and brachioradialis. The diagnosis was cervical radiculopathy status post cervical fusion at C3-C5. Treatment plan includes a request for Soma and Alprazolam. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, Acupuncture, TENS, Cervical Transforaminal Epidural injection, and cervical spine surgery. Utilization review from April 24, 2014 modified the request for Soma 350mg QTY 120.00 to QTY:100.0, and Alprazolam 1mg QTY:30.00 to QTY:20.00. The guidelines do not support chronic use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tablets 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 2009: Carisoprodol (Soma), page 29; Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available), page 65 Page(s): 65.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not recommended and is not indicated for long-term use. It 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. In this case, Soma intake was noted since February, 2014 for insomnia. However, there was no discussion regarding the patient's sleep pattern. There was also no evidence of failure of sleep hygiene techniques. The medical necessity has not been established. There was no clear indication for the requested medication. Also, the guideline does not recommend long-term use of Carisoprodol. Furthermore, the request did not specify an amount of medication to dispense. Therefore, the request for Soma tablets 350mg is not medically necessary.

Alprazolam 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 2009: Benzodiazepines, page 24 Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are 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. In this case, utilization review dated April 24, 2014 partially certified the request for Alprazolam because guidelines do not support its continued use. However, there was no discussion of previous or current use of Alprazolam based on the medical records submitted. It is unclear whether the patient has been on chronic use of this medication. The medical necessity cannot be established due to inconsistent information. Moreover, there was no clear indication for the request. Likewise, the amount to dispense was not specified. Therefore, the request for Alprazolam 1mg is not medically necessary.