

<b>Case Number:</b>	CM14-0078789		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 39 year old female with an industrial injury after a trip and fall reported on July 26, 2006. The complaint is low back pain described as sharp, stabbing pain with heavy pressure, burning, and constant the injured worker also complains of right hip and right lower extremity numbness (lateral mid foot), tingling, weakness, heaviness spasm, with no foot drop and no unsteady gait, other complaints include neck, mid back, low back, right hip/buttock, right lower leg and left arm, this was noted in primary care physician note dated April 22, 2014. The diagnosis is lumbar radiculopathy, degeneration of lumbar intertebral disc, low back pain, lumbar disc displacement and post-laminectomy syndrome of the lumbar region. The physical exam on April 22, 2014 noted gait within normal limits, paralumbar spasm was +2 tenderness to palpation on the right, atrophy present in the quadriceps pain with lateral bending, left and right rotation diminished, range of motion limited due to pain, right extremity straight leg positive at 40 degrees, sensation to light touch decreased on the right in the lateral thigh, lateral calf and dorsal foot. Prior diagnostic testing were electromyogram (EMG) which was normal, X-Ray, Magnetic resonance imaging (MRI) and bone scan. The MRI results on September 26, 2006 was noted as at the level of L4-L5 the disk is desiccated, a central disk protrusion causing no significant neural foraminal narrowing of canal stenosis. Previous treatment included physical therapy without mention of length or results, lumbar steroid epidural, narcotic medication and muscle relaxants. Plan of treatment per the note dated April 22, 2014 continue medications. The primary physician requested on May 20, 2014 for prescription Carisoprodol Tab 350mg QTY:90, Omeprazole Cap 20mg QTY:30, Alprazolam Tab 0.5mg QTY 60 and Oxycodone Tab 30mg Qty 120. The Utilization Review denied the request for the medication on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30: 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 NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** For those taking NSAIDs chronically, the clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). For those with one or more risk factors for gastrointestinal events like gastric ulceration is appropriate to also prescribe a proton pump inhibitor like Prilosec. In this instance, the injured worker would appear to possess none of these risk factors, she appears not to be taking NSAIDs, and she seems to have no gastrointestinal symptoms. Therefore, Prilosec 20mg #30 was not medically necessary.

**Xanax 0.5 mg #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 Page(s): 24.

**Decision rationale:** Benzodiazepines such as Xanax 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. 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. In this instance, the injured worker has been prescribed Xanax for a prolonged period of time and yet there is no diagnosis of anxiety given in the progress notes and no discussion of the injured worker's psychiatric issues from the prescribing physician. Consequently, Xanax 0.5 mg #60 was not medically necessary.

**Oxycodone 30 mg #120: 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 Opioids Page(s): 74-96.

**Decision rationale:** Benzodiazepines such as Xanax 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. 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. In this instance, the injured worker has been prescribed Xanax for a prolonged period of time and yet there is no diagnosis of anxiety given in the progress notes and no discussion of the injured worker's psychiatric issues from the prescribing physician. Consequently, Xanax 0.5 mg #60 was not medically necessary.

**Soma 350 mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Carisoprodol (Soma®)

**Decision rationale:** Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). 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. This medication is not indicated for long-term use it has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In this instance, Soma has been in use for a number of months consecutively. Because the length of use has exceeded the recommended guidelines, Soma 350 mg #90 is not medically necessary.