

<b>Case Number:</b>	CM14-0098781		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/08/1999
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation and Pain 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 injured worker is a 47-year-old female who reported an injury on 11/08/1999. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervicalgia, post laminectomy syndrome of the lumbar region, pain in joint, trochanteric bursitis, and unspecified myalgia and myositis. Past medical treatment consists of physical therapy, home exercise program, moist heat, stretches, ESIs, and medication therapy. Medications include Tizanidine, Oxycodone, Effexor, Ativan, Soma, Restoril, Lyrica, Oxycodone, OxyContin, and Duragesic. No urinalyses or drugs screens were submitted for review. On 06/04/2014, the injured worker complained of back pain. Physical examination revealed that the injured worker was tender to palpation at the thoracic spine. Sensory exam was normal. Examination of the lumbar spine revealed that there was tenderness to palpation along the paraspinal muscles. It was noted that the injured worker had a forward flexion of 40 degrees, hyperextension of 10 degrees, right lateral bend of 15 degrees, and left lateral bend of 15 degrees. Pain increased with dorsiflexion, along with right foot drop present. Lying straight leg raise was positive bilaterally, and sitting straight leg raise was positive bilaterally. Motor strength was normal. Treatment plan is for the injured worker to continue the use of medication. The provider feels that the medication is necessary to help manage pain levels in the injured worker. A Request for Authorization form was submitted on 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Carisoprodol (Soma)Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Carisoprodol) Page(s): 29, 65.

**Decision rationale:** The request for Soma 350 mg #90 is not medically necessary. California MTUS states that Soma is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. Given the above, the injured worker not within the MTUS recommended guidelines. The efficacy of the medication was not submitted for review. Additionally, it was not indicated that the Carisoprodol (Soma) was helping with any functional deficits. There was no mention in the submitted documentation of the injured worker having muscle spasms. Furthermore, the request as submitted is for Soma 350 mg #90, totaling a 3 month supply and exceeding the recommended guidelines for a 2 to 3 week period. As such, the request is not medically necessary.

**Ativan 1 mg #60 times 0 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The request for Ativan 1 mg #60 times 0 refill is not medically necessary. The California MTUS Guidelines do not recommend the use of Benzodiazepines for long term use, because long term efficacy is and there is a risk of dependence. Most guidelines limit use to 4 weeks. It was noted in the submitted documentation that the injured worker had been on Ativan since at least 06/2014, exceeding the recommended guidelines for short term use. Furthermore, the efficacy of the medication was not documented to support the continued use, and the frequency and duration were not submitted in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Tizanidine HCL 4mg #180 times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE Page(s): 66.

**Decision rationale:** The request for Tizanidine HCL 4 mg #180 times 2 refills is not medically necessary. California MTUS Guidelines recommend Tizanidine as a non-sedating muscle relaxant with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. This class of medications shows no benefit beyond NSAIDs in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The submitted documentation lacked the efficacy of the medication. There was also no indication that the Tizanidine was helping the injured worker with any functional deficits. Additionally, the request as submitted is for Tizanidine HCL 4 mg #180 times 2 refills, exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.