

Case Number:	CM14-0167672		
Date Assigned:	10/15/2014	Date of Injury:	06/10/1998
Decision Date:	01/29/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 Rehab, has a subspecialty in 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 patient is a 64 year old male with an injury date of 06/10/96. Per the 08/20/14 report the patient presents with pain in the lower back, right hip, right buttock, and right knee along with shoulder pain and muscle spasm in the back. Examination of the cervical spine reveals tenderness to palpation for the right occipital and paracervical muscles with stiffness with extension and rotation. There is also tenderness to palpation of the lower lumbar facet column. Pelvis palpation shows tenderness to the right trochanter and sacroiliac joint, and there is right knee popping and discomfort with extension and generalized sensation of numbness in the right lower extremity below the knee. The patient's diagnoses include: 1. Lumbar degenerative disc disease 2. Neck and right shoulder pain 3. Right sacroiliac pain 4. Right knee pain Medications are listed as: Cymbalta, Ibuprofen, Norco, Soma and Xanax. The utilization review being challenged is dated 09/12/14. Reports were provided from 03/31/14 to 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Xanax 0.5mg #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 Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with lower back, right hip, right buttock, right knee and shoulder pain with muscle spasm in the back. The current request is for retrospective Xanax 0.5mg #120. This request is Alprazolam (a Benzodiazepine) per report of unknown date. The 09/12/14 utilization review states the date of service for the approved portion of the treatment is 08/20/14. Utilization review modified this request from #120 to #60.MTUS, Benzodiazepines, page 24 states, "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. " The treater does not discuss this specific medication in the reports provided. The 08/20/14 report states, "He feels that his medications are well tolerated keeping his pain, depression and anxiety under control. He is satisfied with his current treatment." The reports provided show the patient has been using this medication since at least 03/31/14. There is some indication that this medication may be helping the patient; however, the reports provided for review shows the patient has been using this medication on a chronic basis which is longer than the recommended limit of 4 weeks per guidelines. Therefore, the request is not medically necessary.

Retrospective Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Muscle relaxants for pain Page(s): 29, 63-66.

Decision rationale: The patient presents with lower back, right hip, right buttock, right knee and shoulder pain with muscle spasm in the back. The current request is for Soma 350mg #120. This is per report of unknown date. The 09/12/14 utilization review states the date of service for the approved portion of the treatment is 08/20/14. Utilization review modified this request from #120 to #60.MTUS Soma page 29 states that this medication is not indicated for long term use. MTUS Muscle relaxants for pain, pages 63-66 states that this formulation is recommended for no longer than 2-3 weeks. The treater does not discuss this medication in the reports provided. The 08/20/14 report makes the general statement of, "He feels that his medications are well tolerated keeping his pain, depression and anxiety under control. He is satisfied with his current treatment." The reports provided show the patient has been using this medication since at least 03/31/14. In this case, the MTUS guidelines are clear that Soma is not intended for long term use and the reports show that has been prescribed Soma far longer than the 2-3 weeks recommended. The request is not medically necessary.