

Case Number:	CM14-0197556		
Date Assigned:	12/05/2014	Date of Injury:	05/07/2011
Decision Date:	01/23/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

This 54-year-old lab assistant reported multiple injuries as a result of her usual job duties, as well as due to a specific injury on 3/7/11 when an 18-pound bin fell on her head. Treatment has included medications, multiple physical therapy sessions and chiropractic adjustments, and acupuncture treatments without significant recovery. Her past history is significant for a litigated neck injury from an automobile accident and a previous work-related left shoulder injury, which was settled. Her current primary treater is a chiropractor. She has at least two secondary treaters, including an orthopedist and an internist. There are many medico-legal reports contained in the records, with some variation in the reported facts. An orthopedic QME evaluation of 5/20/14 reports the patient as stating she had not worked since February 2012. Several of the other reports refer to a deposition given by the patient on 4/22/14 in which she states that she worked for several companies as a phlebotomist or lab assistant beginning in November 2013 and ending 1/30/14. She returned to her usual job duties because "her total disability had run out". Also of note in the deposition were statements by the patient regarding only being able to perform activities of daily living with great difficulty, yet she had hiked up a local mountain 3 times in the last week. The orthopedist that performed the 5/20/14 QME evaluation concluded that the patient's symptoms were 100% due to her previous 2 injuries, that she had no disability and no need for future medical care, and could return to regular work. Her current primary treater continues to note that she is temporarily totally disabled, most recently on 11/26/14. Her current diagnoses include neck pain, left shoulder pain, upper and mid back pain with muscle spasms, sleep deprivation due to pain and stress, insomnia, nocturnal teeth grinding (bruxism), TMJ syndrome, xerostomia (dry mouth) resulting in tooth decay, stress, anxiety, depression, and stomach pain with vomiting and diarrhea related to pain and stress. None of the patient's current providers document what medications she is taking or how long she has been

taking them. She is documented as having taken Xanax, Soma and ibuprofen within 12 hours of her deposition on 4/22/14. There are requests for authorization for Xanax and Soma in the records on 7/25/14, 9/3/14 and 10/15/14. It is reasonable to assume that the patient has been taking Xanax and Soma from 4/22/14 through at least 10/15/14. The 10/15/14 progress note from the secondary treating internist documents that the patient is taking meds as directed, but does not specify what meds. No subjective complaints and minimal objective findings are noted, which include vital signs and three checked boxes indicating that the patient is alert, oriented, in no acute distress and has normal reactions of her pupils. Diagnoses include insomnia and anxiety. Plan is to continue current meds with follow up in 6 weeks. There is an accompanying request for authorization for Xanax 1 BID #60, Soma 350 BID #60, and Motrin 800 BID #60. Neither the progress note nor the RFA contains a rationale for continuing any of the medications. The requests for Xanax and Soma were denied in UR on 10/21/14 on the basis that long term use of neither medication was supported by MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Benzodiazepines Page(s): 60; 24.

Decision rationale: Xanax is brand-name alprazolam, which is a benzodiazepine. According to the guidelines cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Benzodiazepines (of which Xanax is one) are not recommended for long-term use for multiple reasons. Their long-term efficacy is unproven, and there is a risk of dependence. Tolerance to hypnotic effects occurs rapidly, and tolerance to anxiolytic effects occurs within months. Long-term use may actually increase anxiety. The clinical documentation in this case does not support the continued prescription of Xanax to this patient. She has been taking it for at least 6 months, which is clearly long-term use. It's twice per day dosage suggests it is being prescribed for anxiety, rather than insomnia. As cited above, it is quite possible that at this point Xanax is increasing this patient's anxiety rather than alleviating it. This patient has made no functional recovery over the time she has been taking Xanax, and remains at totally disabled status. Based on the MTUS citations above and on the clinical documentation provided for my review, Xanax #60 is not medically necessary. It is not medically necessary because Xanax is not indicated for long-term use and may now be contributing to the patient's anxiety and disability, and because she has demonstrated no functional recovery as a result of taking it.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Carisoprodol Page(s): 60; 29.

Decision rationale: Soma is brand-name carisoprodol, which is a centrally acting skeletal muscle relaxant. According to the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. The second guideline states that carisoprodol is not recommended, and is not indicated for long-term use. Its primary metabolite, meprobamate, is a controlled substance. Carisoprodol has substantial abuse potential. It also may augment the effects of other drugs including benzodiazepines and hydrocodone. Some abusers claim that the combination of carisoprodol and hydrocodone produces effects that are similar to those of heroin. The clinical documentation in this case does not support the provision of Soma to this patient. This patient has been taking Soma for at least 6 months, and remains totally disabled. There is no documented evidence that Soma has improved her level of function in any way. Given its sedating effects, especially in combination with Xanax, it seems quite likely that Soma is contributing to this patient's low functional level. Taking the evidence-based guidelines cited above and the clinical findings in this case into account, Soma 350 mg #60 is not medically necessary. It is not medically necessary because it is not recommended by MTUS guidelines, because it should not be taken long-term, and because its use has not resulted in any functional improvement in this patient and may in fact be contributing to her ongoing low level of function.