

<b>Case Number:</b>	CM14-0208216		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient sustained an injury on 1/6/10 while employed by [REDACTED]. Request(s) under consideration include Soma 350mg #60, Klonopin 1mg #60, and Urine drug screen. Diagnoses include cervical disc disease/ musculoligamentous strain/ radiculopathy; right shoulder impingement syndrome; lumbar musculoligamentous strain/ disc disease/ radiculopathy/ facet syndrome; and right SI joint arthropathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Klonopin, Zoloft, Soma, and Percocet. The patient continues to treat for chronic ongoing pain complaints to the neck, back, and right shoulder rated at 5/10. Exam on 11/6/14 noted unchanged pain symptoms since last visit with severe neck pain radiating to the upper extremities; difficulty sleeping with anxiety and depression. Exam showed unchanged findings of limited spinal range in neck and low back, diffuse decreased sensation at C5, C6 and C7 and L4-5 with guarding and spasm. Treatment included medication refills. The request(s) for Soma 350mg #60, Klonopin 1mg #60, and Urine drug screen were non-certified on 12/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

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

**Decision rationale:** This patient sustained an injury on 1/6/10 while employed by [REDACTED] [REDACTED] Request(s) under consideration include Soma 350mg #60, Klonopin 1mg #60, and Urine drug screen. Diagnoses include cervical disc disease/ musculoligamentous strain/ radiculopathy; right shoulder impingement syndrome; lumbar musculoligamentous strain/ disc disease/ radiculopathy/ facet syndrome; and right SI joint arthropathy. Conservative care has included medications, therapy, and modified activities/rest. Medications list Klonopin, Zoloft, Soma, and Percocet. The patient continues to treat for chronic ongoing pain complaints to the neck, back, and right shoulder rated at 5/10. Exam on 11/6/14 noted unchanged pain symptoms since last visit with severe neck pain radiating to the upper extremities; difficulty sleeping with anxiety and depression. Exam showed unchanged findings of limited spinal range in neck and low back, diffuse decreased sensation at C5, C6 and C7 and L4-5 with guarding and spasm. Treatment included medication refills. The request(s) for Soma 350mg #60, Klonopin 1mg #60, and Urine drug screen were non-certified on 12/5/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #60 is not medically necessary and appropriate.

**Klonopin 1mg #60:** Upheld

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

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

**Decision rationale:** This patient sustained an injury on 1/6/10 while employed by United Westlabs, Inc. Request(s) under consideration include Soma 350mg #60, Klonopin 1mg #60, and Urine drug screen. Diagnoses include cervical disc disease/ musculoligamentous strain/ radiculopathy; right shoulder impingement syndrome; lumbar musculoligamentous strain/ disc disease/ radiculopathy/ facet syndrome; and right SI joint arthropathy. Conservative care has

included medications, therapy, and modified activities/rest. Medications list Klonopin, Zoloft, Soma, and Percocet. The patient continues to treat for chronic ongoing pain complaints to the neck, back, and right shoulder rated at 5/10. Exam on 11/6/14 noted unchanged pain symptoms since last visit with severe neck pain radiating to the upper extremities; difficulty sleeping with anxiety and depression. Exam showed unchanged findings of limited spinal range in neck and low back, diffuse decreased sensation at C5, C6 and C7 and L4-5 with guarding and spasm. Treatment included medication refills. The request(s) for Soma 350mg #60, Klonopin 1mg #60, and Urine drug screen were non-certified on 12/5/14. Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this 2010 chronic injury. The Klonopin 1mg #60 is not medically necessary and appropriate.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic - injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Recent UDS of 9/18/14 was consistent for Percocet. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.