

<b>Case Number:</b>	CM15-0007096		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on July 23, 2012. He has reported bilateral neck pain with parasthesias to the bilateral upper extremities. His diagnoses include minimal carpal tunnel syndrome, and neck and back pain, which are probably due to cervical straining injury and degenerative disc disease. The injured worker underwent a cervical fusion on July 24, 2013 and a fusion of lumbar 4-sacral one of the lumbar spine and a kyphoplasty of thoracic 12. He has been treated with x-rays, magnetic resonance imaging (MRI), electrodiagnostic studies, sleep and muscle relaxant medications, and physical therapy. On September 15, 2014, his treating physician reports ulnar and volar forearm pain, with numbness and tingling. In addition, the injured worker has pain of the left medial epicondyle and hands. The physical exam revealed an increase in dorsal kyphosis, induration and tenderness of the bilateral levator scapulae, and nodular suboccipital musculature. There was a minimally debulked, grade 4 abductor brevis and the other individual muscle testing was normal. There was a positive Tinel's sign of the wrist. On December 18, 2014 Utilization Review modified a prescription for Dalmane 30mg 1 tab QHS prn (every bedtime as needed) #30, Refills: 2 and a prescription for Soma 350mg 1 tab BID prn (twice a day as needed) #60, Refills: 2. The Dalmane was modified based on the long-term use of the medication is not supported by the guidelines the long-term is unproven and there is a risk of dependence. The modification will allow for safe weaning of this medication. The Soma was modified based on the guidelines do not support chronic usage of muscle relaxant therapy. The California Medical Treatment

Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg 1 tab BID PRN #60 Refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Carisoprodol (Soma) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with ulnar and volar forearm pain with numbness and tingling. The request is for SOMA 350MG 1 TAB BID PRN # 60 REFILLS: 2. The RFA is not provided. Patient is status post cervical fusion on 07/24/13 from C3 through C6 and a subsequent L4 to S1 fusion of lumbar spine and a kyphoplasty of T12. Patient's diagnosis included minimal bilateral carpal tunnel syndrome, neck and low back pain due to straining injury and degenerative disc disease. The reports do not reflect whether or not the patient is working. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol -Soma, Soprodol 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In regards to the requested Soma, the duration of this medication's utilization exceeds guideline recommendations. MTUS guidelines do not support the use of this medication for periods of time longer than 2-3 weeks. The request for Soma 350mg BID # 60 Refills: 2 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Dalmane 30mg 1 tab QHS PRN #30 Refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Chapter, Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia

**Decision rationale:** The patient presents with ulnar and volar forearm pain with numbness and tingling. The request is for SOMA 350MG 1 TAB BID PRN # 60 REFILLS: 2. The RFA is not provided. Patient is status post cervical fusion on 07/24/13 from C3 through C6 and a subsequent L4 to S1 fusion of lumbar spine and a kyphoplasty of T12. Patient's diagnosis included minimal bilateral carpal tunnel syndrome, neck and low back pain due to straining injury and degenerative disc disease. The reports do not reflect whether or not the patient is working. The MTUS and ACOEM Guidelines do not address Prosom ;however, ODG Guidelines states that Prosom is a FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), Quazepam (Doral), and Temazepam (Restoril). Triazolam

(Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. In reviewing the provided reports, the treating physician does not document that the patient has depression and sleep disturbance. Furthermore, It is unknown exactly when the patient initially started taking this medication. ODG Guidelines does not recommend long-term use of this medication. The request for Dalmane 30 mg #30 refills: 2 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.