

<b>Case Number:</b>	CM15-0102966		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/18/2007
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (n) 44-year-old male, who sustained an industrial injury on 5/18/07. He reported tripping while lifting a 35 pound bucket and falling backwards. The bucket subsequently landed on his chest and caused pain to his lower back and legs. The injured worker was diagnosed as having lumbar radiculopathy, fibromyalgia and failed lumbar back syndrome. Treatment to date has included an EMG/NCV study, an L5-S1 disc replacement in 2009 and a lumbar MRI on 1/12/15 showing a 3 mm disc protrusion at L4-L5 with annular tear posteriorly. Current medications include MS Contin, Norco, Soma and Xanax (since at least 10/20/14). As of the PR2 dated 4/16/15, the injured worker reports low back and leg pain. He indicated that the combination of MS Contin and Norco provide him with 30-40% pain relief. He has also had a flare-up of his lupus and his rheumatologist increased his Prednisone dosage. Objective findings include a positive straight leg raise test bilaterally at 30 degrees, a palpable twitch in the paraspinous muscles and pain with range of motion. The treating physician requested Soma 350mg #60 and Xanax 0.25mg.

### 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 Carisoprodol (Soma) Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol); <https://www.medicaid.state.ar.us/Download/provider/pharm/CarisoTaper.pdf>.

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

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma without clear evidence of spasm or exacerbation of back pain. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350mg #60 is not medically necessary.

**Xanax 0.25mg:** 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), Pain Chapter, Benzodiazepines.

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

**Decision rationale:** Benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressants. In addition, the patient has been taking Xanax since at least October 2014 without evidence of efficacy. Therefore, the use of Xanax 0.25mg is not medically necessary.