MAXIMUS Federal Services

Case Number:	CM15-0104146		
Date Assigned:	06/08/2015	Date of Injury:	12/16/1990
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67-year-old male, who sustained an industrial injury on December 16, 1990. He reported a pulling sensation and pain in the lumbar spine. The injured worker was diagnosed as having spasm of muscle, lumbar disc displacement without myelopathy, lumbar degenerative disc disease, lumbar radiculopathy, and lumbar spine stenosis. Diagnostic studies to date have included MRIs and x-rays. Treatment to date has included work modifications, chiropractic therapy, a home exercise program, and medications including pain, muscle relaxant, anti-anxiety, antidepressant, steroid, proton pump inhibitor, and non-steroidal anti-inflammatory. On May 6, 2015, the injured worker complains of increased low back pain with numbness, tingling, weakness, and pain extending to the bilateral feet. In addition, he complains of intermittent numbness and pain radiating to the groin/testicular region and medial thighs. He has severe anxiety with flare-ups of back pain, which improves with the occasional use of Xanax. He takes 1-2 Soma per day for severe daily spasms. He has failed treatment with multiple other muscle relaxers. His pain is rated 10/10 without medications and 8/10 with medications. He is retired. The physical exam revealed tenderness to palpation of the lumbar 5-sacral 1 paraspinals, decreased range of motion, abnormal squatting, bilateral sciatic notch tenderness, positive bilateral straight leg raising, abnormal bilateral toe and heel walking, an antalgic and weak gait, bilateral lumbar spasm, decreased strength of the bilateral lower extremities, decreased sensation to pin of the left lumbar 3, left lumbar 4, right lumbar 2, right lumbar 4, right lumbar 5, and right sacral 1. There was decreased sensation to light touch of the bilateral lower extremities. The deep tendon reflexes were normal. The treatment plan includes prescriptions for Xanax and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 2 mg #90 with 3 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long- term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker is working diagnoses or spasm of muscle; other syndromes affecting cervical region; displacement lumbar disc without myelopathy; degenerative disc disease lumbar; stenosis lumbar spine; and lumbar radiculopathy. Date of injury is December 16, 1990. The documentation shows soma and Xanax were prescribed as far back as December 16, 2014. Utilization review states Xanax was prescribed as far back as June 2012. According to an April 8, 2015, progress note the injured worker complains of low back pain that radiates to the bilateral feet. The injured worker suffers with anxiety that responds well to Xanax. There has been no psychological or psychiatric evaluation for anxiety. In the May 6, 2015 progress note (request for authorization date May 7, 2015), the injured worker was prescribed Tizanidine 4 mg because the insurance carrier denied Soma. The treating provider requested Xanax 2 mg #90 with three refills. Xanax is not recommended for long-term use (longer than two weeks). Xanax was prescribed as far back as December 16, 2014 (in excess of five months). Consequently, absent compelling clinical documentation with documentation of objective functional improvement in excess of the recommended guidelines (not recommended for long-term use & longer than two weeks), Xanax 2 mg #90 with 3 refills is not medically necessary.

Soma 350mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg mg #60 with 3 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is working diagnoses or spasm of muscle; other syndromes affecting cervical region; displacement lumbar disc without myelopathy; degenerative disc disease lumbar; stenosis lumbar spine; and lumbar radiculopathy. Date of injury is December 16,

1990. The documentation shows soma and Xanax were prescribed as far back as December 16, 2014. Utilization review states Xanax was prescribed as far back as June 2012. According to an April 8, 2015, progress note the injured worker complains of low back pain that radiates to the bilateral feet. The injured worker suffers with anxiety that responds well to Xanax. There has been no psychological or psychiatric evaluation for anxiety. In the May 6, 2015 progress note (request for authorization date May 7, 2015), the injured worker was prescribed Tizanidine 4 mg because the insurance carrier denied Soma. The treatment plan in the May 6, 2015 progress note shows a refill for Tizanidine 4 mg, #120 with two refills. Muscle relaxants are recommended for short- term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain. Additionally, Soma (muscle relaxants) is indicated for short-term (less than two weeks). The treating provider continued Soma, at a minimum, in excess of five months. There are no compelling clinical facts indicating Soma is clinically indicated. The treating provider added Tizanidine because Soma was denied. Changing one muscle relaxant to another muscle relaxant is not clinically appropriate. Muscle relaxants, as noted above, are recommended for short-term less than two weeks. There is no documentation demonstrating objective functional improvement with ongoing Soma. Consequently, absent compelling clinical documentation with a clinical indication and rationale for ongoing Soma and evidence of objective functional improvement, Soma 350mg mg #60 with 3 refills is not medically necessary.