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| <b>Case Number:</b>   | CM15-0135356 |                              |            |
| <b>Date Assigned:</b> | 08/20/2015   | <b>Date of Injury:</b>       | 01/12/1998 |
| <b>Decision Date:</b> | 09/24/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/13/2015 |

### 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: Preventive Medicine, Occupational 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 01-12-1998. Current diagnoses include lumbar post laminectomy syndrome with lower extremity radiculopathy, spinal cord stimulator placement with revision, status post abdominal hernia repair, recurrent abdominal hernia, medication induced gastritis, and bilateral knee degenerative joint disease. Previous treatments included medications, surgical interventions, physical therapy, stretching exercises, spinal cord stimulator, trigger point injections, and synvisc injection. Previous diagnostic studies included urine toxicology screening, bilateral knee x-rays, and lumbar spine MRI, left hip MRI, and lumbar spine CT scan. Report dated 06-03-2015 noted that the injured worker presented with complaints that included bilateral knee pain. Physical examination was positive for antalgic gait, pain on palpation of the lumbar paravertebral musculature, decreased range of motion in all planes, straight leg raises are positive, decreased sensation in the left lower extremity in the medial calf and medial anterior thigh, and left knee tenderness along the medial and lateral joint lines, and positive crepitus to gentle range of motion. Current medication regimen includes Ultram, Neurontin, Soma, Halcion, Anaprox DS, Prilosec, and medicinal marijuana. The treatment plan included refilling medications for the next 2-3 months, dispensed Anaprox, Prilosec, and Ultracet in the office, written prescriptions for Ultram, Soma, Neurontun, and Halcion, administered 4 trigger point injections in the office, and return for follow up in 3 months. The injured worker has been prescribed Soma and Halcion since at least 10-22-2014. The primary treating physician documented in the report dated 01-30-

2015 that weaning of these medications was to be initiated per prior recommendations of the utilization reviewer. Disputed treatments include Soma and Halcion.

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

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

#### **1 prescription of Soma 350mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section, Weaning of Medications Section Page(s): 29, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. This medication is not intended for long-term use and was approved for weaning only in a previous review. The weaning process should be complete at this point. There is no evidence of acute spasm in this case. The request for 1 prescription of Soma 350mg #90 is determined to not be medically necessary.

#### **1 prescription of Halcion 0.25mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Insomnia Treatment (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section and Weaning of Medications Section Page(s): 24, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for an extended period constituting chronic use and tapering is recommended when used for greater than two weeks. A previous review approved this medication for weaning purposes only. Weaning should have been completed at this point. This request is for continued use, and not for tapering or weaning off the medication. The request for 1 prescription of Halcion 0.25mg #30 with 5 refills is determined to not be medically necessary.