

Case Number:	CM15-0137396		
Date Assigned:	07/28/2015	Date of Injury:	07/06/2001
Decision Date:	09/22/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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, Pain Management

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 46 year old male, who sustained an industrial injury on 7/6/01. He reported acute back pain while lifting a 50 pound box of mud over his shoulder. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, chronic pain syndrome, disorders of sacrum and sciatica. Treatment to date has included physical therapy, activity restriction, lumbar fusion with decompression, oral medications including Soma, Valium, Norco, morphine and Xanax; and topical Butrans patch. Currently on 5/13/15, the injured worker complains of increasing episodes of lower back locking up with inability to bend or flex at the waist, he also complains of severe lower back pain with intermittent radiation of pain to both legs and weakness in legs with legs frequently giving out. He rates the pain 8-9/10 with medications. He notes alprazolam helps with spasms and anxiety. Physical exam performed on 5/13/15 revealed ambulation without assistance, sitting comfortably on exam table without pain and tenderness to palpation over the lower lumbar paraspinal muscles with limited range of motion and muscle spasms in the lower back. A request for authorization was submitted on 5/13/15 for Norco 10-325mg #120, Soma 350mg #120 and Xanax 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30: 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 rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, it is noted that the patient has been on one benzodiazepine or another for a prolonged period. The patient had previously been on Valium long term prior to the Xanax. There is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of benzodiazepines despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The patient has been on opioids for many years, and tapering weans are not evident. Based on the lack of documentation, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a

weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Soma 350mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, weaning of medications.

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

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The request for 2 refills would put the supply at 3 months, and this would exceed time frame recommendations set forth by the MTUS. Given this, the currently requested carisoprodol (Soma) is not medically necessary.