

Case Number:	CM15-0139214		
Date Assigned:	07/29/2015	Date of Injury:	07/26/1998
Decision Date:	09/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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 50 year old male, who sustained an industrial injury on 09/06/1997. The injured worker is currently diagnosed as having chronic cervical degenerative disc disease and history of thoracic vertebral fracture. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, thoracic facet blocks, and Botox injections. Current medications included Fentanyl patches, Tylenol with codeine #4, Soma, Halcion, Cymbalta, and Androderm patch. In a progress note dated 05/20/2015, the injured worker was seen for a follow up for headaches, and chronic right shoulder, mid back, and neck pain. No objective data noted on progress note. The treating physician reported requesting authorization for Soma and Halcion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 150 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 29; 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines RELAXANTS (for pain) Page(s): 63-66.

Decision rationale: The current request is for Soma 350mg quantity 150 with one refill. The RFA is dated 06/02/15. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, thoracic facet blocks, and Botox injections. Current medications included Fentanyl patches, Tylenol with codeine #4, Soma, Halcion, Cymbalta, and Androderm patch. MTUS Chronic Pain Guidelines under MUSCLE RELAXANTS (for pain) pages 63-66 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In a progress note dated 05/20/2015, the patient was seen for a follow up for headaches, and chronic right shoulder, mid back, and neck pain. The treater has requested a refill of Soma #150 with one refill. The patient has been using Soma for muscle relaxation since at least 05/20/15. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request exceeds guideline recommendation; therefore, request IS NOT medically necessary.

Halcion 0.25mg quantity 60 with one refill: Upheld

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

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

Decision rationale: The current request is for Halcion 0.25mg quantity 60 with one refill. The RFA is dated 06/02/15. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, thoracic facet blocks, and Botox injections. Current medications included Fentanyl patches, Tylenol with codeine #4, Soma, Halcion, Cymbalta, and Androderm patch. MTUS Guidelines under Benzodiazepines on page 24 states: "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. Their range of action includes sedative / hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In a progress note dated 05/20/2015, the patient was seen for a follow up for headaches, and chronic right shoulder, mid back, and neck pain. The treater has requested a refill of Halcion #60 with one refill, for which the patient has been using at bedtime for sleep since at least 05/20/15. While it is evident that the patient suffers from some sleep issues, MTUS guidelines do not support the long-term use of benzodiazepines. Hence, this request IS NOT medically necessary.