

Case Number:	CM15-0144240		
Date Assigned:	08/05/2015	Date of Injury:	08/18/2014
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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 47 year old female, who sustained an industrial injury on 8-18-2014. She reported acute pain in the left shoulder, left upper extremity, neck and low back from lifting activity. Diagnoses include cervical disc protrusion, lumbar sprain-strain and thoracic sprain-strain. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. Currently, she complained of pain in the neck with radiation to left upper extremity with numbness and tingling, left shoulder pain with weakness, and low back pain with radiation to bilateral lower extremities, also associated with numbness and tingling. On 7-9-15, the physical examination documented tenderness in the cervical and lumbar spines. The plan of care included Prescriptions for Soma 350mg #30, Norco 7.5-325mg #60, and Xanax 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Soma 350mg: Upheld

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

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 #30 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's working diagnoses are this protrusion cervical spine; sprain strain lumbar spine; and sprain strain thoracic spine. Date of injury is August 18, 2014. Request for authorization is July 14, 2015. The earliest progress note in the medical record containing a Norco prescription is dated September 24, 2014. This is the earliest progress note. The start date for Norco is not specified. According to progress note dated January 9, 2015, Soma 350mg was added to Norco 7.5 mg. According to a February 5, 2015 progress note, Xanax 2 mg was added to the current drug regimen. Subjectively, the injured worker had complaints of neck pain 6/10, left shoulder pain 8/10 and low back pain 9/10. The most recent progress note in the medical record dated July 9, 2015 subjectively states the injured worker has ongoing cervical pain 8/10, left shoulder pain 8/10 and lumbar pain 9/10. Objectively, there is tenderness palpation of the lumbar spine. There were no other physical findings documented in the record. 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. The treating provider prescribed Soma as far back as January 9, 2015. The guidelines recommend short-term (less than two weeks) treatment. The treating provider exceeded the recommended guidelines by continuing Soma in excess of six months. Additionally, there is no documentation of an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and treatment continued in excess of three months with guideline recommendations for short-term (less than two weeks), Soma 350mg #30 is not medically necessary.

60 Norco 7.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is

recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are disc protrusion cervical spine; sprain strain lumbar spine; and sprain strain thoracic spine. Date of injury is August 18, 2014. Request for authorization is July 14, 2015. The earliest progress note in the medical record containing a Norco prescription is dated September 24, 2014. This is the earliest progress note. The start date for Norco is not specified. According to progress note dated January 9, 2015, Soma 350mg was added to Norco 7.5 mg. According to a February 5, 2015 progress note, Xanax 2 mg was added to the current drug regimen. Subjectively, the injured worker had complaints of neck pain 6/10, left shoulder pain 8/10 and low back pain 9/10. The most recent progress note in the medical record dated July 9, 2015 subjectively states the injured worker has ongoing cervical pain 8/10, left shoulder pain 8/10 and lumbar pain 9/10. Objectively, there is tenderness palpation of the lumbar spine. There were no other physical findings documented in the record. The documentation does not demonstrate objective functional improvement to support ongoing Norco 7.5 mg. There are no detailed pain assessments. There were no risk assessments in the medical record. There has been no attempt at weaning Norco. Utilization review indicates weaning was recommended according to certification #449539. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of objective functional improvement and no detail pain assessments or risk assessments, Norco 7.5/325mg # 60 is not medically necessary.

30 Xanax 2mg: Upheld

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

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 #30 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's working diagnoses are disc protrusion cervical spine; sprain strain lumbar spine; and sprain strain thoracic spine. Date of injury is August 18, 2014. Request for authorization is July 14, 2015. The earliest progress note in the medical record containing a Norco prescription is dated September 24, 2014. This is the earliest progress note. The start date for Norco is not specified. According to progress note dated January 9, 2015, Soma 350mg was added to Norco 7.5 mg. According to a February 5, 2015 progress note, Xanax 2 mg was added to the current drug regimen. Subjectively, the injured worker had complaints of neck pain 6/10, left shoulder pain 8/10 and low back pain 9/10. The most recent progress note in the medical record dated July 9, 2015 subjectively states the injured worker has ongoing cervical pain 8/10, left shoulder pain 8/10 and lumbar pain 9/10. Objectively, there is tenderness palpation of the lumbar spine. There were no other physical findings documented in the record. 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. Xanax was prescribed as far back as February 2015. The treating provider exceeded the recommended guidelines by continuing Xanax in excess of five months. There are no compelling facts supporting the ongoing use of Xanax. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and treatment continued in excess of the recommended guidelines, Xanax 2 mg # 30 is not medically necessary.