

Case Number:	CM15-0147665		
Date Assigned:	08/10/2015	Date of Injury:	11/01/1998
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This injured worker is a 64 year old female who reported an industrial injury on 11-1-1998. Her diagnoses, and or impression, were noted to include: failed back syndrome, status-post lumbar decompression surgery and status-post lumbar fusion x 2 (7-2002 & 7-2012); chronic pain syndrome; chronic discogenic pain syndrome; secondary myofascial syndrome; neuropathic pain; chronic intractable pain; and emotional factors. The history notes end-stage pulmonary disease with loss of weight and deterioration in health. No current imaging studies were noted. Her treatments were noted to include: chiropractic treatments; multiple failed pain clinic evaluations; failed opioid implantable pump and dorsal column stimulator; failed epidural blocks and trigger point injections; Toradol injection therapy; medication and herbal management; and rest from work. The progress notes of 6-9-2015 reported the highest intensity of severe pain in the low and mid back, and shoulder; 4-5 hours of sleep nightly; intractable spine pain despite the use of medications but which make the difference between wanting to live and have any functionality; loss of weight - unintentional; having a poor quality of life, with low quality of life index score of 64 out of 100, and feeling miserable all of the time. Objective findings were noted to include: weight of 116 pounds; decreased motor strength; no gait changes; anti-gravity; cervical spine tightness; trigger points in the bilateral gluteus medius and piriformis groups of the lumbar spine; positive bilateral straight leg raise; decreased bilateral grip strength; significant neuropathic and allodynia pain. The physician's requests for treatments were noted to include Clonazepam and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Carisoprodol (Soma) Page(s): 64-66, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Carisoprodol 350mg #90 with 3 refills is not medically necessary and appropriate.

Clonazepam 0.5mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Clonazepam's continued use for the chronic injury, nor is there documented functional efficacy from treatment already rendered. Clonazepam 0.5mg #60 with 3 refills is not medically necessary and appropriate.