

<b>Case Number:</b>	CM15-0188825		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 34 a year old female who sustained an industrial injury on 09-25-2013. A review of the medical records indicated that the injured worker is undergoing treatment for herniated L5-S1 intervertebral disc, lumbar radiculopathy and chronic cervical spine sprain. According to the treating physician's progress report on 08-06-2015, the injured worker was evaluated for persistent low back pain. Objective findings revealed the injured worker to continue to limp, guarding and unable to sit to the left. Straight leg raise and Lasegue's were positive on the left with a decreased ankle reflex. Prior treatments have included diagnostic testing, physical therapy, lumbar epidural steroid injection (02-20-2015) and medications. Current medications were listed as Ibuprofen, Carisoprodol and Alprazolam. Treatment plan consists of lumbar spine surgical consultation and the current retrospective requests for Alprazolam 0.5mg #30 and Carisoprodol 350mg #60. On 08-28-2015 the Utilization Review determined the retrospective requests for Alprazolam 0.5mg #30 and Carisoprodol 350mg #60 were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Carisoprodol 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The 34 year old patient complains of pain in cervical spine, L5-S1 HNP, and left leg radiculopathy, as per progress report dated 08/06/15. The request is for Retrospective: Carisoprodol 350mg #60. The RFA for this case is dated 08/07/15, and the patient's date of injury is 09/25/13. Diagnoses, as per progress report dated 08/06/15, included herniated L5-S1 intervertebral disc, lower extremity radiculopathy, and chronic cervical sprain/strain. The patient is status post lumbar ESI. Medications included Ibuprofen, Alprazolam, and Carisoprodol. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants (for pain) section, state: 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 2009, 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 this case, a prescription for Carisoprodol is first noted in progress report dated 02/17/15. This appears to be the first prescription for this medication. The treater does not document the efficacy of this muscle relaxant in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.

**Retrospective: Alprazolam 0.5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The 34 year old patient complains of pain in cervical spine, L5-S1 HNP, and left leg radiculopathy, as per progress report dated 08/06/15. The request is for Retrospective: Alprazolam 0.5mg #30. The RFA for this case is dated 08/07/15, and the patient's date of injury is 09/25/13. Diagnoses, as per progress report dated 08/06/15, included herniated L5-S1 intervertebral disc, lower extremity radiculopathy, and chronic cervical sprain/strain. The patient is status post lumbar ESI. Medications included Ibuprofen, Alprazolam, and Carisoprodol. The patient is not working, as per the same progress report. The MTUS Chronic Pain Guidelines 2009, page 24, Benzodiazepine section states, "benzodiazepines are not recommended for long- term use because long-term efficacies are unproven and there is a risk of dependence." ODG- TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long- term use. See Alprazolam; & Benzodiazepines. Alprazolam, also

known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In this case, a prescription for Alprazolam is first noted in progress report dated 04/16/15. This appears to be the first prescription for this medication. In the report, the treater states that the patient has anxiety issues. The treater, however, does not document the efficacy of the medication. Additionally, MTUS and ODG, however, do not support long-term use of this medication due to risk of dependence. Hence, the request IS NOT medically necessary.