

Case Number:	CM15-0192667		
Date Assigned:	10/06/2015	Date of Injury:	04/12/2011
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury April 12, 2011. Past history included status post lumbar spine surgery x 2 in 2012, status post total right hip replacement and revision November 11, 2014. Diagnoses are 3mm disc extrusion, L5-S1 and posterior annular tear L5-S1 (MRI May 2012); moderate facet arthrosis at L5-S1 and mild facet arthrosis L4-L5; chronic bilateral L5 radiculopathy. According to a primary treating physician's progress report exam dated August 18, 2015, the injured worker presented with complaints of sharp pain in the lumbar spine, rated 7 out of 10, with radiating pain to the bilateral lower extremities. Her pain is aggravated by walking and ascending or descending stairs. She reported falling on the stairs which caused the low back pain (unspecified). Objective findings included; tenderness of the lumbar paravertebral muscles, spinous process from L1-S1 and sacroiliac joints; range of motion lumbar spine in flexion at 44 degrees with pain and 18 degrees in extension with pain and spasm; positive straight leg raise on the right with pain radiating to the sacroiliac joint. Treatment plan included an MRI of the lumbar spine, and refill of medications including Norco which was authorized. At issue, is the request for authorization for Soma and Valium. Physician documentation of medical records present for review revealed the injured worker has been taking Norco, Soma, and Valium, since August 12, 2014. A urine drug test dated April 29, 2013, is present in the medical record and indicated appropriate intake of Norco but yielded negative for the prescribed drug Valium. Electrodiagnostic studies, bilateral lower extremities dated April 1, 2015 (report present in the medical record) impression as acute-active denervation findings in the right femoral innervated muscles (right vastus medialis and vastus

lateralis) with absent right saphenous sensory nerve response consistent with active right femoral neuropathy; chronic bilateral L5 radiculopathy; absent left tibial H reflex response suggestive of possible left S1 radiculopathy, however this is non-specific; clinical correlation is recommended. According to utilization review dated September 25, 2015, the requests for an MRI of the lumbar spine and Norco 10-325mg Quantity: 60 are certified. The requests for Soma 350mg #30 and Valium 5mg #30 are non-certified. The patient had received an unspecified number of PT visits for this injury. Per the note dated 9/17/15 the patient had complaints of low back pain with radiculopathy in lower extremity at 7/10. The patient has had history of a fall from stairs. Physical examination of the low back revealed limited range of motion and tenderness on palpation and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Overturned

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

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

Decision rationale: As per cited guideline "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". The patient's surgical history includes lumbar spine surgery x 2 in 2012, status post total right hip replacement and revision November 11, 2014. The patient had diagnoses are 3mm disc extrusion, L5-S1 and posterior annular tear L5-S1 (MRI May 2012); moderate facet arthrosis at L5-S1 and mild facet arthrosis L4-L5; chronic bilateral L5 radiculopathy. Objective findings included on 8/18/15 muscle spasm, positive straight leg raise on the right with pain radiating to the sacroiliac joint. The patient had Electrodiagnostic studies of the bilateral lower extremities dated April 1, 2015 that revealed L5 radiculopathy. Per the note dated 9/17/15 the patient had complaints of low back pain with radiculopathy in lower extremity at 7/10. The patient has had history of a fall from stairs. Physical examination of the low back revealed limited range of motion and tenderness on palpation and muscle spasm. The patient has significant objective findings including muscle spasm. The patient has conditions that are prone to getting intermittent exacerbations. The request for use of Soma 350mg #30 is medically necessary and appropriate in this patient.

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/06/15) Benzodiazepine.

Decision rationale: This medication is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines 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." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" A prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed response to other measures for insomnia/anxiety is not specified in the records provided. A recent detailed psychiatric examination was not specified in the records provided. The medical necessity of Valium 5mg #30 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.