

Case Number:	CM15-0218553		
Date Assigned:	11/10/2015	Date of Injury:	09/25/2014
Decision Date:	12/29/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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 52-year-old female who sustained an industrial injury on 09-25-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc protrusion and thoracic myofascial pain. According to the treating physician's progress report on 09-17-2015, the injured worker continues to experience low back pain without complaints of radicular pain or paresthesias of the lower extremities. Inspection of the lower back revealed straightening of the normal lumbar lordosis. Gait was normal. Examination demonstrated slight to moderate pain to palpation and muscular spasm. Range of motion was moderately decreased due to pain. Bilateral patellar reflexes were 1+ and bilateral right ankle reflexes were absent. There was no atrophy noted. Motor strength and sensation to light touch were intact. Sitting and supine straight leg raise were negative bilaterally. Vascular examination was within normal limits. Official reports of a lumbar spine magnetic resonance imaging (MRI) performed on 08-04-2015 and electrodiagnostic studies of the lower extremities performed on 08-28-2015 were included in the review. Prior treatments have included diagnostic testing, physical therapy, back brace, Demerol and Phenergan intramuscularly in-office visit on 07-28-2015 and medications. Current medications were listed as Norco, Neurontin and Xanax. Medications have been prescribed since 07-2015. Norco had produced nausea and constipation previously and the injured worker stopped taking it. No official urine drug screening reports were submitted in the medical review. Treatment plan consists of the current request for Norco 10mg-325mg #30, Soma 350mg #90 and Xanax 0.5mg #30. On 10-07-2015, the Utilization Review modified the request for Xanax 0.5mg #30 to Xanax 0.5mg #24 and determined the request for Norco 10mg-325mg #30, Soma 350mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Alprazolam (Xanax) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax.

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with low back pain. The request is for XANAX 0.5MG #30. Patient's diagnosis per Request for Authorization form dated 09/30/15 includes lumbar and thoracic strain/sprain. Physical examination of the lumbar spine on 09/17/15 revealed spasm, tenderness to palpation to the low back, and restricted range of motion. Treatment to date has included imaging and electrodiagnostic studies and medications. Patient's medications include Norco, Neurontin, Xanax and Soma. The patient is working, per 11/03/15 report. MTUS Guidelines page 24 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." Treater has not provided medical rationale for the request, nor documented medication efficacy. Xanax has been included in patient's medications per progress reports dated 08/12/15, 09/01/15 and 09/17/15. It is not known when this medication was initiated. Guidelines do not recommend long-term use of benzodiazepines. In this case, the patient has been prescribed Xanax at least since 08/12/15, which is almost 2 months from UR date of 10/07/15. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Carisoprodol (Soma).

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

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with low back pain. The request is for SOMA 350MG #90. Physical examination of the lumbar spine on 09/17/15 revealed spasm, tenderness to palpation to the low back, and restricted range of motion. Treatment to date has included imaging and electrodiagnostic studies and medications. Patient's medications include Norco, Neurontin, Xanax and Soma. The patient is working, per 11/03/15 report. MTUS, Soma, Muscle relaxants (for pain) section, 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. 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." Soma has been included in patient's medications per progress reports dated 07/28/15 and 09/17/15. It is not known when this medication was initiated. MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In this case, the patient has been prescribed Soma at least since 07/28/15, which more than 2 months from UR date of 10/07/15. In addition, the request for additional quantity 90 is excessive and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 09/17/15 progress report provided by treating physician, the patient presents with low back pain. The request is for NORCO 10/325MG #30. Physical examination of the lumbar spine on 09/17/15 revealed spasm, tenderness to palpation to the low back, and restricted range of motion. Treatment to date has included imaging and electrodiagnostic studies and medications. Patient's medications include Norco, Neurontin, Xanax and Soma. The patient is working, per 11/03/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 07/28/15 and 09/17/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.