

<b>Case Number:</b>	CM15-0219828		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: North Carolina  
 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 34 year old female, who sustained an industrial injury on 12-09-2013. The injured worker was being treated for neck pain with disc bulge at C6-7, myofascial pain, possible cervical discogenic pain with radiculitis, possible cervical facet pain, thoracic disc pain with disc bulge at T11-12, pulmonary embolism and emboli in left arm-status post cupping 8-2014, right upper quadrant abdominal pain, and disc protrusion at L5-S1 compromising the left exiting nerve root. Treatment to date has included diagnostics, mental health, and medications. On 10-22-2015, the injured worker complains of pain in her neck, mid back and low back. She described aching pain in her neck with severe spasm and some radiation to the left arm, with some numbness and tingling. Low back pain was aching with spasm, radiating to the left leg, with numbness and tingling. She reported taking Norco, Percocet, Soma 350mg two to three times daily, and Valium 5mg two to three times daily with good relief and tolerated well, but reported that she had developed severe anxiety. Pain was rated 10 out of 10 with medication use and 7-8 without (rated 8 with medication and 10 without on 9-24-2015). Soma and Valium was obtained through her private insurance. The use of Soma was noted since at least 6-2015 and Valium since at least 8-2015. Functional improvement was documented as working full time (full duty) and taking care of her children. Her past medical history included blood clots and she was on Coumadin. A review of symptoms was positive for rapid and irregular heartbeat, nausea, diarrhea, constipation, indigestion, migraines, vertigo, anxiety, and insomnia. Exam of the cervical spine noted tenderness in the paracervical muscles, slightly decreased range of motion, and palpable spasm in the upper trapezius. Exam of the thoracic spine noted tenderness

in the upper half of the thoracic spine and significantly decreased range of motion. Exam of the lumbar spine noted tenderness of the lower paraspinal muscles with significant spasm, along with decreased and painful range of motion. Sensation was slightly decreased in the left lateral arm and left lateral leg. Strength was 5- of 5 in bilateral shoulder abduction, bilateral knee extension, and left extensor hallucis longus. She continued to report urinary and bowel incontinence. She was given handouts on progressive muscle relaxation and visualization. The treating physician noted that urine toxicology (9-24-2015) was negative for Norco, Percocet, and Valium. She reported running out of medication. The treatment plan included continued medications, noting to decrease Soma to 350mg twice daily. Repeat urine toxicology (10-22-2015) was negative for benzodiazepines. On 11-03-2015 Utilization Review non-certified a request for Soma 350mg #60 and Valium 5mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg BID #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): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing neck and arm pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

**Valium 5mg #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): Benzodiazepines.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines - 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.