

<b>Case Number:</b>	CM15-0037932		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 27, 1996. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve requests for Xanax, Soma, and Norco. Partial approvals were apparently issued for tapering or weaning purposes. The claims administrator referenced a December 18, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported persistent knee pain. The applicant was using a cane to move about. Norco was renewed. The applicant's work status was not detailed. No mention of either Xanax or Soma was made, although both medications were renewed along with Norco in a separate RFA form of December 18, 2014. No discussion of medication efficacy transpired. A December 10, 2013 progress note acknowledged that the applicant was no longer working as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 MG #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 60-tablet, two-refill supply of Xanax at issue, in and of itself, represents treatment in excess of the ACOEM parameters. No rationale for protracted usage was set forth here in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Soma 350 MG #60 with 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the 60-tablet two-refill supply of Soma at issue, in and of itself, represents what amounts to chronic, long-term, and/or twice daily usage. The applicant was, moreover, concurrently using Norco, an opioid agent which, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, is inadvisable. The attending provider did not furnish a clear or compelling applicant-specific rationale for ongoing usage of Soma in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

**Norco 7.5/325 MG #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, despite

ongoing Norco usage. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.