

Case Number:	CM15-0039147		
Date Assigned:	03/09/2015	Date of Injury:	01/31/2006
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 61-year-old male, with a reported date of injury of 01/31/2008. The diagnoses include multi-level cervical spondylosis with greater involvement at the C5-6 and C6-7 levels with C6 and C7 radiculopathy. Treatments to date have included physical therapy, an electromyography, and oral medications. The orthopedic spine re-evaluation report dated 08/20/2014 indicates that the injured worker had constant moderate to moderately severe pain of the neck. He indicated that the pain was becoming more and more severe. The injured worker also had occasional headaches, and radiation of pain to both upper extremities. He had weakness of both upper extremities. The physical examination of the neck showed no abnormal lordosis, kyphosis, or scoliosis, moderate to moderately severe cervical paraspinal muscle guarding with tenderness, mild occipital tenderness, and moderate to moderately severe bilateral trapezius spasm with tenderness, weakness of grip of the left hand. The treatment plan included recommended anterior cervical fusion and discectomy at C5-6 and C6-7 with iliac aspiration, bone graft, and anterior cervical pate with cages. The treating physician requested Valium 10mg #60 and Soma 300mg #60. The medical record from which the request originates was not included in the medical records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the quantity of requested medication is sufficient long-term use. Long-term use is not indicated. Therefore, the request is not medically necessary.

Soma 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 29.

Decision rationale: Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Therefore, the request is not medically necessary.