

Case Number:	CM15-0057294		
Date Assigned:	04/02/2015	Date of Injury:	05/02/2006
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained an industrial injury on May 2, 2006. The injured worker was diagnosed as having cervicothoracic radiculitis. Treatment to date has included cervical spine MRI, cervical spine fusion 2011, first rib resection in 2012, electrodiagnostic studies, physical therapy, and medication. Currently, the injured worker complains of significant amount of neck pain and shoulder pain radiating in her arms, causing a cervical dens headache. The Primary Treating Physician's report dated February 24, 2015, noted the injured worker continued to take a significant amount of opioid type medication to help with her pain. The injured worker was noted to be taking Norco, OxyIR, Xanax, and Soma. Examination of the cervicothoracic region was noted to show tenderness to palpation throughout, with restrictions in rotation bilaterally secondary to pain and some tightness noted in the cervical paraspinal muscles upon palpation. The treatment plan was noted to include a return visit as soon as the MRI was completed, with continuation of the prescribed medications in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg quantity 60: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of anxiety or depression in this case, which could be managed with antidepressant. In addition, the patient has been using Alprazolam for more than 4 weeks without any evidence of functional improvement. Therefore the use of Alprazolam 0.5mg QTY: 60.00 is not medically necessary.

Soma 350mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma; Muscle relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or excacerbation of neck pain. There is no justification for prolonged use of Soma. The request for SOMA 350 mg #120 is not medically necessary.