

Case Number:	CM14-0139389		
Date Assigned:	09/05/2014	Date of Injury:	08/05/2007
Decision Date:	11/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old female with a work injury dated 8/5/07. The diagnoses include chronic pain syndrome; spinal spinal stenosis of cervical region; other syndromes affecting cervical region; cervical radiculopathy ; thoracic or lumbosacral neuritis or radiculitis, unspecified. Under consideration is a request for Soma 250mg / tab; 1 tab p.o. tid prn #90 refill 2 ; Zanaflex 4mg/tab; 1 tab QHS #30 refill: 2; Xanax 0.5mg/tab; 1 tab p.o. tid prn #90 refill 2 .There is a primary treating physician report dated 7/28/14 that states that the patient feels her spine has deteriorated. She is depressed. She was told by a spine surgeon she is not a surgical candidate. She has no medication side effects, no new trauma. She has pain located in the bilateral arms, bilateral legs, neck, right shoulder, right buttock, thoracic spine, right hip, bilateral hands, bilateral knees, bilateral low back. There is no change in pain and spasticity control since last visit . On exam there is no deformity or scoliosls of the thoracic of lumbar spine; pain with palpation over lumbar facets at L4-5 and L5-S1, bilaterally; pain with hyperextension and torso rotation; slightly slouched posture; normal gait;dramatically transfers slowly & independently; no assistive devices used. The treatment plan included renewal of the above medications under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg / tab; 1 tab p.o. TID PRN #90 refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodics Page(s): 63,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Page(s): 63,65.

Decision rationale: Soma 250mg / tab; 1 tab p.o. TID PRN #90 refill 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. The patient has been on this medication already over the recommended period of time. The request for Soma 250mg / tab; 1 tab p.o. TID PRN #90 refill 2 is not medically necessary.

Zanaflex 4mg/tab; 1 tab QHS #30 refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodics Page(s): 63 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Tizanidine (Zanaflex, generic available) Page(s): 63; 65.

Decision rationale: Zanaflex 4mg/tab; 1 tab QHS #30 refill: 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that this medication has been used previously. The guidelines do not recommend this to be used as long term option. The documentation does not indicate that there is an acute exacerbation of the patient's pain. The request for Tizanidine 4 mg/tab; 1 tab qhs #30 refill:2 is therefore not medically necessary.

Xanax 0.5mg/tab; 1 tab p.o. TID PRN #90 refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: Xanax 0.5mg/tab; 1 tab p.o. TID PRN #90 refill 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines.. The MTUS states that benzodiazepines are 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. There is documentation that the patient has been using this medication previously. The guidelines do not recommend long term use. Xanax 0.5mg/tab; 1 tab p.o. TID PRN #90 refill 2 is not medically necessary.

