

<b>Case Number:</b>	CM14-0214780		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California  
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:

Patient with reported date of injury on 6/26/2003. Mechanism of injury is described as a being struck from behind by a cement pump exhaust hose. Patient has a diagnosis of bilateral cervical radiculopathy, cervical facet arthropathy, lumbar pain, medication induced gastritis, post lumbar L3-4 and L4-5 fusion on 9/17/11; post cervical laminectomy pn 3/15/07 and patient is post spinalcord stimular on 4/22/13. Patient also has anxiety/depression. Medical reports reviewed. Last report available until 11/24/14. Pt complains of persistent low back pain and neck pain. Pain is 8/10. Objective exam reveals patient in mild distress. Tenderness to palpation along posterior lumbar musculature with increased rigidity along paraspinals. Significantly decreased range of movement(ROM). Lumbar spine also has pain and muscle rigidity. Significantly decreased ROM. Straight leg raise is positive bilaterally. Decreased strength to R quadriceps. Decreased L5 dermatome. Various imaging reports were reviewed. Medications include Norco, Neurontin, Anaprox, Soma, Prilosec, Xanax, Wellbutrin, Androgel, Cialis and Valium. Independent Medical Review is for Valium 10mg #30 and Soma 350mg #90. Prior Utilization Review on 12/17/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

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

**Decision rationale:** Valium or Diazepam is a benzodiazepine. Patient is also on Xanax, another benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. There is no justification on why patient is on 2 benzodiazepines. The documentation does not support continued use. Valium is not medically necessary.

**Soma 350mg # 90:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.