

Case Number:	CM14-0053677		
Date Assigned:	07/16/2014	Date of Injury:	10/04/2003
Decision Date:	05/11/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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: New York, West Virginia, Pennsylvania
 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 47 year old male, who sustained an industrial injury on 10/04/2003. He reported injury to his back, ribs, low back and mid back. The injured worker was diagnosed as having back sprain, L4-5 disc protrusion, spinal stenosis with facet arthrosis, polysubstance abuse, depression and de-conditioning. His past medical history included seizures and two previous back surgeries, one in 1987 and one in 1999. Treatment to date has included medications, trigger point injections, MRI, physical therapy, back brace and medications. According to a Clinic Refill note dated 04/01/2014 the provider refilled prescriptions for Soma, Clonazepam, Methadone and Norco. Diagnoses included sciatica, patient visit for long term (current) drug use other, degeneration of lumbar disc and sacrococcygeal arthritis. Location of pain, pain scores and objective evidence of functional improvement was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, weaning Page(s): 24, 124.

Decision rationale: Guidelines do not recommend use of benzodiazepines for long term use since efficacy is unproven and there is a risk of dependence. Guidelines indicate that use of this medication is limited to 4 weeks. In this case, the patient was on clonazepam since February 2012 which is much longer than the recommended 4 weeks. In this case, the clonazepam was previously certified with modification for weaning. The request for continued full dosage of clonazepam, 2 mg # 60 is not medically appropriate and necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend muscle relaxants such as Soma as an adjunct to rest and physical therapy and are not indicated for long term use. In this case, the patient is receiving Soma for treatment of chronic pain and not an acute condition. The request for Soma 350 mg #90 is not medically appropriate and necessary.