MAXIMUS Federal Services

Case Number:	CM15-0015440		
Date Assigned:	02/02/2015	Date of Injury:	11/17/2003
Decision Date:	05/29/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 11/17/2003. The initial complaints or symptoms included head, neck and low back pain as the result of a fall. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications (ongoing and currently on Soma and Xanax), conservative therapies, consultations, 2 lumbar surgeries, cervical surgery, x-rays, CT scans, and injections. Currently, the injured worker reports not going to the gym lately due to the pharmacy running out of Soma and having the flu and cold. There were no specific complaints on this visit (12/16/2014), but history indicates ongoing low back pain/myofascial pain. The diagnoses include chronic myofascial pain and degenerative spondylosis. The treatment plan consisted of continuation of medications (Xanax and Soma - denied) and (Duragesic patches and oxycodone - authorized).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg: Upheld

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

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

Decision rationale: This patient presents with chronic low back and neck pain. The Request for Authorization is not provided in the medical file. The current request is for Xanax 1mg. Treatment to date has included medications, physical therapy, 2 lumbar surgeries, cervical surgery, and injections. The patient work status was not addressed. The MTUS Guidelines, page 24, state, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence." Most guidelines limit use to 4 weeks. Examination revealed markedly limited trunk flexion, "slow and stiff movements with a left limp." A request was made for a refill of Xanax. Review of the medical file indicates that the patient has been prescribed Xanax since at least 05/22/14. The patient reported that Xanax helped with sleep. The MTUS Guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence." Given that this medication has been prescribed for long-term use, continuation of its use cannot be recommended. The requested Xanax is not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: This patient presents with chronic low back and neck pain. The Request for Authorization is not provided in the medical file. The current request is for Soma 350 mg. Treatment to date has included medications, physical therapy, 2 lumbar surgeries, cervical surgery, and injections. The patient work status was not addressed. The MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. Examination revealed markedly limited trunk flexion, "slow and stiff movements with a left limp." The patient has been utilizing Soma as a muscle relaxant for his lower back since at least 03/11/14. The MTUS Guidelines supports the use of sedating muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. In this case, further use cannot be supported as this medication has been prescribed for long term use, exceeding MTUS recommendations. The requested Soma is not medically necessary.