

Case Number:	CM15-0124581		
Date Assigned:	07/09/2015	Date of Injury:	09/09/2010
Decision Date:	09/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 57 year old female who sustained an industrial injury on 09/09/2010 resulting in mental stress and anguish after being fired. Treatment provided to date has included: psychological therapies, psychiatric treatment, and medications. Diagnostic tests performed include: psychological testing (2015) resulting in evidence of depression and anxiety. There were no noted co-morbidities or other dates of injury noted. On 05/21/2015, physician progress report noted complaints of persistent depression, anxiety, and stress-related medical issues arising from an industrial related stress injury to the psyche. This visit was noted to be primarily for medication management and there were no objective findings provided. Current medications include Butrans, Soma, Xanax, Venlafaxine and Nuvigil. A progress report - 4, dated 02/11/2015, reports that the injured worker suffers from feelings of hopelessness, and tearfulness, loss of interest in activities, decreased motivation, sleep difficulties, social withdrawal, forgetfulness, increased irritability, restlessness, and suicidal ideations without intent and plan. The provider noted diagnoses of major depressive disorder (single episode), generalized anxiety disorder, and psychological factors affecting medical condition. Plan of care includes continued medications and follow-up. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: Xanax 0.5mg #30 with 2 refills and Soma 350mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #30 with 2 refills: 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: Benzodiazepine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter, Alprazolam (Xanax) and Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. The MTUS is silent in regards to the recommendations for Xanax; therefore, other guidelines were used in the review of this medication. Per ODG Guidelines, Xanax (alprazolam) is not recommended for long-term use, and is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. Benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks as long-term use can result in increased anxiety. Additionally, there is potential for increased adverse outcomes with concurrent prescribing of medications with sedative properties; as a result, simultaneous prescribing of opioids, tramadol, benzodiazepines and other sedating medications is not recommended. In this case, the injured worker has been prescribed Xanax for several months without resulting in documented decreased depression or anxiety, improvement in function or return to work. Additionally, the injured worker is currently being prescribed multiple medications with sedating factors. Medical necessity of the Xanax has not been established. The request for Xanax is not medically necessary.

Soma 350mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications Page(s): 29, 124.

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

Decision rationale: Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). According to the MTUS, Soma (carisoprodol) is not recommended and is not indicated for long-term use (more than 2-3 weeks). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain

and overall improvement. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, clinical notes show that the injured worker has been prescribed Soma for several months with insufficient evidence of reduction in pain, reduction in muscle spasms, and/or improvement in function. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, Soma 350mg #30 is not medically necessary.