

Case Number:	CM15-0179240		
Date Assigned:	09/21/2015	Date of Injury:	05/04/2012
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on May 4, 2012. He reported back pain with restricted range of motion and numbness occasionally in the left arm. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, disorders of the forearm joint and lumbago. Treatment to date has included diagnostic studies, acupuncture, medications and work restrictions. Currently, the injured worker continues to report chronic back pain with restricted range of motion and numbness occasionally in the left arm. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 27, 2015, revealed continued pain as noted with spasms of the lumbar spine and decreased range of motion. He noted severe pain and numbness in the left leg. He noted a TENS unit was helpful. It was noted he was unable to wean from Xanax, Soma or Valium at this time. He noted he would consider weaning after his ESFI and other adjunctive therapies. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Evaluation on August 24, 2015, revealed continued pain as noted. He reported the Cymbalta was not working and his anxiety was "5x" worse with recently decreased Xanax. He reported he had muscle spasms during the day and would like Soma back to twice daily. He rated his pain at 9 on a 1-10 scale with 10 being the worst. The RFA included requests for Soma, Norco and Xanax and was non-certified on the utilization review (UR) on August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS supports the use of opioids in patient with moderate to severe pain for short-term usage. Long-term use is not recommended unless the patient has returned to work and has had significant pain relief and improvement in function. First-line agents (antidepressants and anticonvulsants) are recommended for long-term use in chronic pain patients. In this case, there is little documentation in the medical records regarding the provider's management of Norco. No documentation of functional status is provided. No objective findings are provided. There are no results of urine drug screens provided. The requirement of documentation of the "4 A's" is lacking. A prior review of this request recommended #20 tablets for the purpose of weaning, which should have been accomplished at this point. Therefore, the request for Norco 10/325 #90 is not medically necessary or appropriate.

Retro Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that SOMA is a muscle relaxant that is not recommended, as it is not indicated for long-term use. SOMA is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a barbiturate). The injured worker has documented prolonged use of SOMA, which is not recommended by the guidelines. Abuse with SOMA has been noted due to its sedative and relaxant effects. In this case, the efficacy of SOMA is not addressed. There is no compelling reason to override the MTUS Guidelines. Therefore, the request is not medically necessary or appropriate.

Retro Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS Guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they are synergistic with other drugs, such as opioids. Most guidelines limit their use to 4 weeks. Chronic benzodiazepines are the drug of choice in very few conditions. Tolerance develops rapidly with these drugs. In this case, the patient complains of increased anxiety and requests an increase in the use of Xanax. However, long-term use of Xanax may actually increase symptoms of anxiety. An antidepressant would be a more appropriate choice to treat this patient's anxiety. Therefore, the request for increased Xanax is not medically necessary or appropriate.