

Case Number:	CM15-0092890		
Date Assigned:	05/19/2015	Date of Injury:	01/22/2001
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on January 22, 2001. She reported head, neck and low back pain after someone pulled her chair out from under her. The injured worker was diagnosed as having cervicalgia, long-term use of medications, lumbago, depression and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, cervical fusion, Botox injections, medications, physical therapy, cervical medial branch blocks, radiofrequency ablation and work restrictions. Currently, the injured worker complains of continued head, neck and low back pain with associated migraine headaches, insomnia, fatigue, nausea, anxiety and decreased range of motion in the neck. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported little benefit with previous conservative therapies. Unfortunately, she reported the death of a close family member exacerbating depression and anxiety. It was noted she was already using high doses of anxiolytic medications. Evaluation on April 13, 2015, revealed continued pain as noted. Pain medications, anti-anxiety medication and muscle relaxants were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. Therefore, the request for Soma 350mg #120 is not medically necessary.

Xanax 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66, 23, 124.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Xanax was used for a long time without significant relief in symptoms. Therefore, the use of Xanax 2mg #90 is not medically necessary.