

<b>Case Number:</b>	CM15-0097426		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Florida

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 37-year-old female, who sustained an industrial injury on 7/27/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, status post left shoulder arthroscopy, chronic cervical/thoracic myofascial pain syndrome, moderate left ulnar neuropathy and left carpal tunnel syndrome with carpal tunnel release. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, trigger point injections and medication management. In a progress note dated 4/2/2015, the injured worker complains of constant neck, left shoulder/arm and upper back pain, rated 6-8/10 without medications and 1-3/10 with medications. Physical examination showed restricted cervical and thoracic range of motion and tightness and spasm in the left shoulder area. The treating physician is requesting Soma 350 mg #180 and Xanax 1 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Soma is not medically necessary.

**Xanax 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 24 of 127.

**Decision rationale:** In accordance with the California MTUS guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Xanax is not medically necessary.