MAXIMUS Federal Services

| Case Number: | CM15-0098292 | | |
|---|---|---|---|
| Date Assigned: | 05/29/2015 | Date of Injury: | 08/27/1996 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

## 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: Emergency 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 71 year old female, who sustained an industrial/work injury on 8/29/96. She reported initial complaints of bilateral knee pain. The injured worker was diagnosed as having lesion of plantar nerve, left foot instability, left knee neuroma, and osteoarthritis of the bilateral knees. Treatment to date has included medication and diagnostics. MRI results were reported on 3/31/15. Currently, the injured worker complains of bilateral knee pain with left knee pain due to neuroma, foot pain, anxiety, and depression. Per the primary physician's progress report (PR-2) on 4/30/15, examination revealed left knee pain tenderness on the lateral aspect, range of motion is 0-90 degrees bilaterally, leg length discrepancy. Current plan of care included acupuncture, physical therapy, neurology, custom orthotics, and medications. The requested treatments include Xanax 1 mg and Soma 350 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23-24.

**Decision rationale:** Xanax is a benzodiazepine. It is unclear why patient is being treated with Xanax. As per MTUS Chronic Pain Treatment Guidelines it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms of anxiety or short term use in muscle spasms but there is no documentation of these symptoms and number of tabs prescribed does not support intermittent use. It is not recommended for chronic use in anxiety or chronic pain. Xanax is not recommended. Therefore, this request is not medically necessary.

**Soma 350 mg #90:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The patient has been on this medication chronically. Carisoprodol is not medically necessary.