



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

■ is a 59 y.o. with noted DOI 2/9/02. With accepted claim of neck, right shoulder and lumbar spine injury. Neck and low back pain with pain levels 8/10. Neck radiating to bilateral upper extremities with associated numbness and tingling. Low back pain with radiation to bilateral lower extremities with numbness and tingling. S/p anterior cervical spine fusion and lumbar spine fusion with diagnosis of adjacent level disease in the cervical and lumbar spine. S/p right shoulder rotator cuff repair, history of T11 Fx. CT cervical spine 07/11/13- noting straightening of the cervical spine, C4, C5, C6 anterior fixation device. With interspacer device noted. Intact hardware. Posterior disc at C3/4 effacing the thecal sac, C4/5 hypertrophy of the facet joints and uncinat process on the R side, C5/6 posterior disc osteophyte complex effacing the thecal sac. Hypertrophy of the facet joints and uncinat process noted at all cervical spine levels. PE 7/16/13- decreased range of motion in flexion, extension, right and left rotation and lateral bend, positive Spurling's test bilaterally, weakness in the wrist flexors and biceps at 4/5. Thoracic spine and lumbar spine tenderness. Lumbar spine paraspinal spasms and tenderness. Previous treatments include: PT, medication therapy with narcotics, flexeril, and topical compounded cream.

Narcotic medication reviewed: 11/08- hydrocodone 3-4 tablets a day, 02/12-taking Norco, Vicodin, Lortab-UDT with positive hydrocodone, 5/12-vicodin every 6-8 hours as need #80-UDT negative for medication, 6/18/12 UDT-negative for medication 9/17/12- Rx vicodin 5/500 #80, 10/02/12 Rx zanaflex and Norco 10/325 #60, 11/12- vicodin 5/500 #90, flexeril Rx, UDT: hydrocodone noted 12/12-Norco 10/325 #60, zanaflex 2 mg #90, UDTpositive for oxycodone and opioids. 1/13-Hydrocodone positive, norco 10/325 #60, zanaflex 2mg #90 2/13-norco 10/325 #60, zanaflex 2mg #90 UDT-positive for oxycodone 3/13- UDT hydrocodone positive UDT 5/13-negative. 05/23/13- UDT hydrocodone positive 6/13- Rx hydrocodone 10/315 #60, Zanaflex 2mg #90, Soma 350mg #60. Further Rx had been non-certified as noted.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. Norco 10/325mg #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, pages 80-89 and 91, which are part of the MTUS.

The Physician Reviewer's decision rationale:

This patient has multiple diagnosis and different areas of pain including neck, shoulder and low back pain, predominately nociceptive pain. The patient has been on narcotics for some time for his WC injuries, has been having regular UDT as well as psychological evaluations noted in the chart for review. This patient on review of his notes has had little change in his pain with the dosing of medications with pain levels 7-8/10 after last having his surgery in 2012. No change documented in his exam with medications, although the provider had asked previously for pain management evaluation. It appears over the years this patient has had a number of UDT with some positive and some negative results. Due to the approval process as noted with the reviews, I cannot conclusively say how often narcotics were actually approved for this patient to have what appears to be sporadic compliance with his medication. At this time with my notation above in regards to the current request for Norco regimen, I would non-certify at this time. **The request for Norco 10/325mg #60 is not medically necessary and appropriate.**

### **2. Zanaflex 2mg #90 is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxant, pages 63-66, which is part of the MTUS.

The Physician Reviewer's decision rationale:

For this employee's chronic low back pain, he has only had a sporadic use of a muscle relaxant for his pain with prior use noted 6 months prior at 1-2/13. He previously was prescribed but not certified in 6/13 for the medication. He has not had the therapy noted since his Rx 1/13 as well as 2/13. I would certify for a limited time as noted for short term treatment of this patient's pain. **The request for Zanaflex 2mg #90 is medically necessary and appropriate.**

### **3. Soma 350mg #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, "Carisoprodol" and "Muscle relaxants". Page 29 and 65, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS page 29: **Carisoprodol:** Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance).

Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma").

**Carisoprodol** is an antispasmodic medication and noted by MTUS page 65: Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. (See, 2008) (Reeves, 2003) For more details, see Carisoprodol, where it is "Not recommended." See also Weaning of medications.

*Side Effects:* drowsiness, psychological and physical dependence, & withdrawal with acute discontinuation.

*Dosing:* 250 mg-350 mg four times a day. (See, 2008)

With this chronic pain patient with both neck and back pain, Soma would not be indicated and non-certified. **The request for Soma 350mg #60 is not medically necessary and appropriate.**

/skf

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[REDACTED]

CM13-0007314