

<b>Case Number:</b>	CM13-0027557		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/05/1983
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for lumbago associated with an industrial injury date of November 5, 1983. A utilization review from August 14, 2013 denied the requests for methadone, due to no documentation of response with regards to pain control and functional improvement; Vicodin, due to the documentation of response with regards to pain control and function improved; and Soma, due to the chronicity of the problem. The treatment to date has included opioid and non-opioid pain medications and a lumbar epidural steroid injection. The medical records from 2013 were reviewed showing the patient complaining of worsening low back pain rated at 10/10 on a pain scale. The pain radiates to the left thigh and right thigh. The symptoms are aggravated by activity, but are relieved by pain medications and rest. The physical exam demonstrated tenderness over the lumbar spine area. There were notable lumbar spasms. The lumbar range of motion was noted to be decreased. The neurovascular exam for the lower extremities was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 78.

**Decision rationale:** The Chronic Pain Guidelines indicate that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The Guidelines also indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has been taking methadone since June 2013 according to the documentation. However, the benefits conferred by the use of methadone, such as decreased pain scores or functional improvement in terms of increased activities of daily living were not indicated in the progress notes. It is unclear why first-line therapy would be insufficient. Therefore, the request for methadone is not medically necessary.

**VICODIN 5/500MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 75-80. Page(s): 75-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines indicate that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Vicodin since June 2013 according to the documentation. However, the benefits conferred by the use of Vicodin such as decreased pain scores or functional improvement in terms of increased activities of daily living were not indicated in the progress notes. Adherence to the domains of opioid management was not fully demonstrated. Therefore, the request for Vicodin is not medically necessary.

**SOMA 350MG, #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29, 63.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that Carisoprodol is a muscle relaxant and is not recommended. The Guidelines also indicate that Carisoprodol is not indicated for long-term use, and it has an active metabolite, which is a schedule IV controlled substance. In this case, the patient is noted to have chronic back pain. There is no indication that the patient was suffering from an acute exacerbation of the chronic back pain. The use of Soma is not recommended for long-term use and there is no discussion concerning variance from the guidelines. Therefore, the request for Soma is not medically necessary.

