

<b>Case Number:</b>	CM13-0037586		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Neurological 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 records reflect the claimant is a 56-year-old who sustained an industrial injury on the injury on 09/01/2009. She slipped and twisted her low back injuring the lower lumbar spine. Her diagnosis includes chronic low back pain and lumbosacral neuritis. Also noted was a preauthorization request not certifying the requested preparations. The progress note indicated that the previous "flair-up" had resolved. Motor strength is under 5/5. Sensory is intact. Pain intervention has included medical therapy including opiates and muscle relaxants and radiofrequency nerve ablation. Enhanced imaging studies noted multiple level degenerative changes. The request for treatment dated September 25, 2013 noted the diagnosis is lumbar facet syndrome and lumbar radiculopathy. The progress note indicated the pain level to be 6/10, the quality seemed to be poor, and there is no noted efficacy or utility with the medications prescribed. The physical examination notes the claimant is 5'6", our 37 pound individual to be hypertensive (152/100).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH (700MG PATCH) #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** MTUS Chronic Pain guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. According to the Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI [Serotonin Norepinephrine Reuptake Inhibitor] anti-depressants or an anticonvulsant medication such as gabapentin or Lyrica. The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The request for Lidoderm 5% patch, thirty count, is not medically necessary or appropriate.

**SOMA 350MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

**Decision rationale:** This medication is a muscle relaxing type medication and the active metabolite is meprobamate which is highly addictive. This is not a first-line drug and the long-term use is not supported by the literature. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The request for Soma 350 mg, sixty count, is not medically necessary or appropriate.

**NORCO 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often

used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the Chronic Pain Medical Treatment Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for Norco 10/325 has not been established. The request for Norco 10/325, ninety count, is not medically necessary or appropriate.