MAXIMUS Federal Services

| Case Number: | CM13-0064994 | | |
|---|---|---|---|
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/02/2008 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

## 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 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 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 Lumbar disc displacement associated with an industrial injury date of 04/02/2008. Treatment to date has included decompression L3-L5 with discectomy at L4-L5 in 12/2008, lumbar epidural steroid injections, heat/cold application, home exercise program, and medications including Norco and Soma. Utilization review from 11/26/2013 denied the requests for Celebrex 200mg, #30 because the employee did not demonstrate gastrointestinal risk factors; and Carisoprodol 350mg, #90 because its use is not supported by the guidelines. On the other hand, the request for Hydrocodone/APAP 10/325mg, #120 is modified into Hydrocodone/APAP 10/325mg #30 to initiate a weaning process and because there was no documented symptomatic or functional improvement from its long-term usage. Medical records from 2013 to 2014 were reviewed showing that the patient has been complaining of chronic low back pain radiating to the posterior right leg relieved upon intake of medications. Patient had difficulty walking and changing positions. He had difficulty doing light household chores and other activities of daily living. Accordingly, both Norco and Soma resulted to his improved activity level. Physical examination showed muscle spasm at lumbar area. Range of motion of lumbar spine was limited towards flexion at 45 degrees and extension at 10 degrees. There was positive supine and seated straight leg raise to the right lower extremity. Gait was antalgic. He had decreased sensation in the right L5 and S1 dermatomes. The most recent urine drug screen was reported on 11/25/2013 showing positive results in accordance with the prescribed medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF HYDROCODONE/APAP 10/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

**Decision rationale:** As stated on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opiod use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's use of Norco was written on 08/07/2013. A note, dated 09/19/2013, stated that Norco relieves his low back pain and improves his activity level. However, there was no specific evidence regarding reduction in terms of pain scale and specific activities of daily living that improved with the help of medication. Assessment for any adverse effects was likewise undocumented. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for prescription of Hydrocodone/APAP 10/325 mg, #120 is not medically necessary.

**PRESCRIPTION OF CELEBREX 200MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, 22.

**Decision rationale:** As stated in page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, a comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the patient has chronic type of low back pain since the injury occurred on 04/02/2008. However, medical records submitted for review did not indicate any gastrointestinal risk factors such as epigastric pain or a history of stomach ulcers that will necessitate the use of selective COX-2 inhibitor over a nonselective NSAID. The guideline criteria have not been met. Therefore, the request for prescription of Celebrex 200mg, #30 is not medically necessary.

**PRESCRIPTION OF CARISOPRODOL 350MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

**Decision rationale:** As stated in page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relexant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, Benzodiazepine and codeine. In this case, the earliest progress report stating the patient's use of Carisoprodol was written on 08/07/2013. Medical records submitted and reviewed indicate that this medication is being taken together with Hydrocodone/acetaminophen (Norco) which is not recommended per the guidelines due to high potential of abuse. Therefore, the request for prescription of Carisoprodol 350mg, #90 is not medically necessary.