

<b>Case Number:</b>	CM13-0068167		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/14/2003
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 40-year-old male who reported an injury on 06/14/2003 after a fall off of a ladder. The injured worker reportedly sustained an injury to his low back and cervical spine. The injured worker developed chronic pain and that was managed with multiple medications to include Motrin, Soma, Fioricet, and Norco. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/28/2013. Physical findings included tenderness to palpation of the cervical spine with bilateral upper trapezius spasming and full active range of motion in all planes. Evaluation of the lumbar spine documented tenderness to palpation and spasming with full active range of motion in all planes. The injured worker's diagnoses included cervical disc bulge, cervical disc disease, lumbar disc disease, and lumbar disc herniation. The injured worker's treatment recommendations included Soma 350 mg every 6 to 8 hours as needed for spasming, Norco 1 to 2 every 6 hours as needed for pain up to 5 per day, Fioricet 1 to 2 every 6 hours as needed for headaches, Motrin 800 mg 1 by mouth every 8 hours with food, and Biotherm 4 oz x2 daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Soma 350 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants for long-term chronic pain management. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 11/2012. In the absence of documentation of an acute exacerbation, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350 mg #60 is not medically necessary or appropriate.

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by ongoing documentation of a quantitative assessment in pain relief, documentation of functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, a qualitative assessment of pain relief or documentation of functional benefit related to medication usage was not provided. Therefore, the efficacy of this medication cannot be determined. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #180 is not medically necessary or appropriate.

**FIORICET 10/325/40 #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents Page(s): 23.

**Decision rationale:** The requested Fioricet 10/325/40 #50 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend barbiturate containing analgesics in the management of chronic pain as there is a high incidence of psychological and physiological dependence. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 11/2012.

However, the efficacy of this medication for extended use is not supported in the documentation. There is no documentation of ongoing functional benefit or pain relief resulting from this medication. Therefore, there is no support to extend treatment beyond guideline recommendations. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Fioricet 10/325/40 #50 is not medically necessary or appropriate.

**MOTRIN 800MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and NSAIDS (Non-Steroidal Anti Inflammatory Drugs) Page(s): 60 &67.

**Decision rationale:** The requested Motrin 800 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as first line medication in the management of chronic pain. However, the clinical documentation indicates that the injured worker has been on this medication since at least 11/2012. The California Medical Treatment Utilization Schedule recommends the use of medications in the ongoing management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review fails to identify significant functional benefit related from the use of this medication or a quantitative assessment of pain relief to support the efficacy of this medication. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Motrin 800 mg #60 is not medically necessary or appropriate.

**BIO THERM TOPICAL CREAM 4 OZ X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The requested Biotherm topical cream 4 oz x2 is not medically necessary or appropriate. The requested medication is a compounded agent that contains menthol, methyl salicylate, and capsaicin. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate in the management of chronic pain as a topical analgesic. However, the use of capsaicin as a topical analgesic should be limited to injured workers who have failed all first line chronic pain treatment modalities. The clinical documentation fails to identify that the injured worker has not responded to first line medications such as anticonvulsants and antidepressants. Therefore, the use of capsaicin as a topical analgesic would not be supported. The California Medical Treatment Utilization Schedule recommends

that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations not be recommended for use. As such, the requested Biotherm topical cream 4 oz x2 is not medically necessary or appropriate.