

<b>Case Number:</b>	CM14-0107325		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 40-year-old female who was reportedly injured on 07/03/2012. A progress report, dated 07/16/2014, noted the injured worker complained of constant bilateral low back pain rating 8/10 to 10/10. Straight leg raise seated positive on the left side and alignment of lumbar spine was normal. Deep tendon reflexes of the lower extremities were 2+. There was painful restricted lumbar range of motion with no reflex, sensory, or motor deficits in the lower extremities. Diagnoses included RSD, shoulder/hand syndrome, chronic low back pain, and lumbar degenerative disc disease. A request was made for Vicodin ES 7.5/300 mg #30, Soma 350 mg #60, and cyclobenzaprine 10 mg #30 and was not certified on 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDICATION - NARCOTIC VICODIN ES 7.5/300MG, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-81 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment

guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, the most recent progress note, dated July 16, 2014, does not indicate an objective decrease of pain or increased ability to function or perform activities of daily living with the use of this medication. As such, this request for Vicodin ES 7.5/300 is not medically necessary.

**MEDICATION SOMA 350 MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 29 OF 127.

**Decision rationale:** The California MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. Additionally, it is unclear why there are concurrent requests for two muscle relaxants. With these concerns, this request for Soma is not medically necessary.

**MEDICATION CYCLOBENZAPRINE 10MG, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41, 64 OF 127.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines states that muscle relaxants are indicated as second line treatment options for the short-term management of acute exacerbations of chronic low back pain. The progress note, dated July 16, 2014, states that the injured employee has relief of spasms with the use of cyclobenzaprine. Additionally, only 30 tablets of this medication are prescribed with the intention that it is used as needed. As such, this request for cyclobenzaprine is medically necessary.