

<b>Case Number:</b>	CM14-0108449		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/01/1998
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2014

### 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 & Rehabilitation and pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female reported an injury on 01/01/1998. The mechanism of injury was not provided for clinical review. Previous treatments included medication. The diagnoses included cervical postlaminectomy syndrome, sprain/strain of the lumbar region and sprain/strain of the thoracic region. Within the clinical note dated 04/24/2014 it was reported the injured worker complained of neck and back pain. She reported neck pain with radiation into the left upper extremity and C7 distribution. She complained of numbness and tingling in the same distribution. She rated her pain 5/10 to 6/10 in severity. Upon the physical examination the provider noted the injured worker's paravertebral muscles showed tenderness and hypertonicity. The injured worker's trapezius muscles showed tenderness and hypertonicity. The provider requested Soma, Hydrocodone/APAP and Capsaicin. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg tablets QTY: 90.00 (Retrospective DOS: 05/27/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

**Decision rationale:** The request for Soma 350 mg tablets quantity 90 for retrospective date of service 05/27/2014 is not recommended. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short-term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.

**Hydrocodone - APAP 10/325 mg QTY: 120.00 (Retrospective DOS: 05/27/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Hydrocodone/APAP 10/325 mg quantity 120 for retrospective date of service 05/27/2014 is not recommended. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 04/2014. Additionally, the use of a urine drug screen is not provided for clinical review. This request for Hydrocodone/APAP 10/325mg quantity 120 is not medically necessary and appropriate.

**Capsaicin 0.075% cream QTY: 2.00 (Retrospective DOS: 5/27/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL NSAIDS.

**Decision rationale:** The request for capsaicin 0.075% cream quantity 2 for retrospective date of service 05/27/2014 is not recommended. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow, and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment

site. There is lack of documentation indicating the injured worker is intolerant or did not respond to other treatments. Therefore, the request is not medically necessary and appropriate.