

<b>Case Number:</b>	CM14-0120760		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/27/2003
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 and 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 43 year old male with a reported date of injury on 09/27/2003. The mechanism of injury was not provided. The injured worker's diagnoses included chronic cervical musculoligamentous sprain/strain with herniation per MRI, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral patellar chondromalacia, left knee osteoarthritis, L4-L5 and L5-S1 annular tears with 2-3 mm disc protrusions per MRI, and gastropathy secondary to medication intake. The injured worker's previous treatments included medications. The injured worker's diagnostic testing included a lumbar MRI on 12/19/2013, an undated cervical MRI, and a shoulder MRI on 08/14/2013. The injured worker's surgical history included an anterior cervical fusion decompression of the cervical spine, and a right shoulder arthroscopic subacromial decompression, left knee arthroscopy with medial meniscus repair in 2003. On 02/03/2014 the injured worker reported itching, swallowing difficulties, changes in bowel habits rectal bleeding, constipation, and erectile dysfunction. No medication changes were made though the treatment plan indicated pain medical management to try to wean the injured worker from the hydrocodone/APAP. On 03/19/2014 the reviewed of systems was 'unchanged from pervious' and tramadol was added. The injured worker was evaluated for persistent neck, low back, left shoulder, and bilateral knee pain on 06/02/2014. He reported that his pain decreased from 6/10 to 2/10 with hydrocodone/APAP, 3-4/10 from 6/10 with tramadol, and 4/10 from 6/10 with ibuprofen. The injured worker described his cervical spine pain as constant and unchanged from the prior visit with radiation into the bilateral upper extremities, and rated as 8/10. He reported his lumbar spine pain as 8/10 and constant, his left shoulder pain and his bilateral knee pain as 6/10, constant and unchanged from his last visit. He reported he was able to ambulate 45 minutes with medication which was an improvement from 20 minutes without medication. The clinician

observed there were no signs of medication abuse, overuse, or adverse reactions. The treatment plan was to schedule EMG/NCV of the bilateral lower extremities. The injured worker's medications included ibuprofen 800 mg every 8 hours with food, hydrocodone/APAP 7.5/325 mg every 6 hours as needed for pain (max 5/day), tramadol 50 mg 1-2 every 6 hours as needed for pain (max 6/day), naproxen 550 mg, omeprazole 20 mg, Medrox Pain Relief Ointment to be used topically up to four times per day for relief of minor aches and muscle pain, sumatriptan 25 mg as needed headache, and cyclobenzaprine. The requests were for Hydrocodone #90 with dispensing fee and Cariposorodol 350 mg, #30 and dispensing fee. No rationale for the request was provided. No request for authorization form was provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone #90 with dispensing fee.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Long Term Use Of Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**Decision rationale:** The request for Hydrocodone #90 with dispensing fee is not medically necessary. On 02/03/2014 the injured worker reported itching, changes in bowel habits, rectal bleeding, constipation, and erectile dysfunction. The maximum prescribed daily dose of hydrocodone and tramadol is equal to the total daily morphine equivalent dose (MED) of 97.5. The California MTUS Chronic Pain Guidelines state discontinuation of opioids is indicated if there is no overall improvement in function, unless there are extenuating circumstances or there is continuing pain with the evidence of adverse effects. The provided documentation indicated a worsening in pain from 01/09/2014 to 06/02/2014 with no overall functional improvement. The injured worker also reported symptoms that are adverse effects of opioids. Additionally, the submitted request is for Hydrocodone without the APAP, and no dosage or frequency is provided. Therefore, the request for Hydrocodone #90 with dispensing fee is not medically necessary.

**Cariposorodol 350mg, #30 and dispensing fee.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisprodol (Soma) Page(s): 63, 29.

**Decision rationale:** The request for Cariposorodol 350 mg, #30 and dispensing fee is not medically necessary. The injured worker has been taking cyclobenzaprine since at least 01/09/2014 as per the documentation provided for review. The California MTUS Chronic Pain Guidelines do not recommend carisprodol (Soma) as this medication is not indicated for long-

term use. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided did not indicate a planned change from cyclobenzaprine to carisprodol. There is a lack of documentation indicating the injured worker has significant muscle spasms upon physical examination. Additionally, the request for carisprodol did not indicate a dosage or dosing frequency. Therefore, the request for Cariposorodol 350 mg, #30 and dispensing fee is not medically necessary.