

<b>Case Number:</b>	CM14-0151464		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/10/2004
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 52 year old female with a work injury dated 9/10/04. The diagnoses include failed neck and lumbar surgery with radiculitis. Under consideration is a request for massage therapy (unspecified frequency and duration); Norco 10/325mg, 3 x a day, #90; Xanax 1 mg, 3 x a day, #90; and Soma 350mg, 3 x a day, #90. There is a primary treating physician report dated 8/8/14 that states that the patient presents with complaints of ongoing pain in the neck, mid-back, bilateral shoulders, calf and foot pain which she states elevates with her activities of daily living. She relates her foot pain as a very deep burning type pain and worsens with almost any walking to the point that she cannot touch her feet without causing; as she describes intense pain. She is requesting refill of medications for alleviation of symptoms. She relates her pain as being 6 out of 10 on medication which elevates to 8-9 without medication. On exam objective findings reveal tenderness in both shoulders and neck with myospasms appreciated in the cervicothoracic junction. Cervical range of motion is restricted in both flexion and extension. There is tenderness in the lumbar spine without myospasms being appreciated at the lumbosacral junction. Lumbar range of motion is also restricted in both flexion and extension. She states that her feet were burning at this point and time and so examination was not undertaken due to the pain; massage therapy for alleviation of symptoms and improvement of functional ADLS for her cervical and thoracic spine. There is a request for authorization for medications: Gabapentin 600mg 1 po bid#60 the neuropathic pain when involving her leg and feet; Norco 10mg #325mg 1 po tid#90; Xanax 1 mg 1 po tid#90; Soma 350mg 1 po tid #90. A discussion was had with regard to reducing the amount of pain medication and Soma. At this point patient refused to go down on her medication but this will be addressed again on the coming months. Work status is unchanged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy (unspecified frequency and duration): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** Massage therapy (unspecified frequency and duration) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that massage should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The request does not specify a frequency or duration. Without a request that is clear in quantity/duration and the fact that massage therapy is a passive treatment the request for massage therapy (unspecified frequency and duration) is not medically necessary.

**Norco 10/325mg, 3 x a day, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and Opioids fo.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Norco 10/325mg, 3 x a day, #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain medication has improved patient's pain to a significant degree or caused functional improvement as defined by the MTUS. The request for Norco 10/325mg, 3x a day, #90 is not medically necessary.

**Xanax 1mg, 3 x a day, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Xanax 1mg, 3 x a day, #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation indicates that the patient has been on this medication already exceeding the 4 week period. The request for Xanax 1mg 3 x a day #90 is not medically necessary.

**Soma 350mg, 3 x a day, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma(r)). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 06/10/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page(s): 63-65.

**Decision rationale:** Soma 350mg, 3 x a day, #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. The patient has been on this medication significantly longer than the 2 -3 week period. There was prior non certification dating back to 2012. In light of these reasons, the request for Soma 350mg 3 x a day #90 is not medically necessary.