

<b>Case Number:</b>	CM14-0153525		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 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 51-year-old male who sustained an injury in May 2010. There is no report available that documented the patient's subjective and objective findings except the 15/08/14 report from the requesting physician according to which the patient was still having pain and it was beginning to really affect him and cause depression. He was having a hard time dealing with the pain and the treatment plan included psychiatric evaluation and treatment for the patient's depression due to back issues and renewal of medications. A letter written to the patient by Express scripts on 08/15/14 documented that he received a supply of Vicodin ES 7.5 mg tablet recently. Except this there was no other information available. The UR determination also mentioned the same thing that there was no detailed information in the medical report regarding the severity of pain, physical exam, previous response to medications, dosage of medication, or quantity of medication, and this information was requested. The request for Vicodin ES; quantity and strength not specified and Soma; quantity and strength not specified, was denied on 9/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES; quantity and strength not specified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** Vicodin (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. The Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management, such as home exercise program. There is no documentation of return to work or any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. The pain was rated at 8/10 with medications and 10/10 without medications. Therefore, the medical necessity for Vicodin has not been established based on guidelines and lack of documentation.

**Soma; quantity and strength not specified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines soma  
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**Decision rationale:** Per California MTUS guidelines, this medication is not indicated for long-term use. "Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with Tramadol to produce relaxation and euphoria; (4) as a combination with Hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma")." In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of home exercise with stretching. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary and is non-certified.