

<b>Case Number:</b>	CM14-0156658		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	11/14/1992
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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:

According to the records made available for review, this is a 57-year-old male with an 11/14/92 date of injury, and anterior cervical discectomy with fusion, C4-C7 on 12/4/12. At the time (8/18/14) of request for authorization for Hydrocodone/Acetaminophen 10/325 mg, QTY: 120; Soma 350 mg, QTY: 120; and Dilaudid 4 mg, QTY: 40, there is documentation of subjective (left shoulder and neck pain) and objective (antalgic gait, tenderness to palpitation over the cervical paraspinal muscles bilaterally, pain with range of motion of the cervical spine, and limited range of motion of the left shoulder) findings, current diagnoses (status post anterior cervical discectomy and fusion C4-C7, cervical degenerative disc disease, cervical radiculopathy, fibromyalgia/myositis, cervical spondylosis, and derangement of left shoulder), and treatment to date (physical therapy and medications (including ongoing treatment with Hydrocodone/ Acetaminophen, Soma, and Dilaudid since at least 3/31/14)). Medical records identify Narcotic agreement and that the patient remains functional and is able to participate in the daily living activities as a result of medication use. Regarding Soma, there is no documentation of acute exacerbation of chronic low back pain and that Soma used as a second line option for short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg, quantity: 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Weaning Of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion C4-C7, cervical degenerative disc disease, cervical radiculopathy, fibromyalgia/myositis, cervical spondylosis, and derangement of left shoulder. In addition, there is documentation of ongoing treatment with Hydrocodone/Acetaminophen. Furthermore, given documentation of Narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that the patient remains functional and is able to participate in the daily living activities as a result of medication use, there is documentation of functional benefits and improvement as an increase in activity tolerance in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Acetaminophen 10/325 mg, quantity: 120 are medically necessary.

**Soma 350 mg, quantity: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) MTUS: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks)

treatment. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion C4-C7, cervical degenerative disc disease, cervical radiculopathy, fibromyalgia/myositis, cervical spondylosis, and derangement of left shoulder. In addition, there is documentation of ongoing treatment with Soma. Furthermore, given documentation that the patient remains functional and is able to participate in the daily living activities as a result of medication use, there is documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. However, there is no documentation of muscle spasms, acute exacerbation of chronic low back pain and that Soma used as a second line option. In addition, given documentation of ongoing treatment with Soma since at least 3/31/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg, qty: 120 are not medically necessary.

**Dilaudid 4 mg, quantity: 40:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dealing With Misuse & Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation MTUS: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion C4-C7, cervical degenerative disc disease, cervical radiculopathy, fibromyalgia/myositis, cervical spondylosis, and derangement of left shoulder. In addition, there is documentation of ongoing treatment with Dilaudid. Furthermore, given documentation of Narcotic agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that the patient remains functional and is able to participate in the daily living activities as a result of medication use, there is documentation of functional benefits and improvement as an increase in activity tolerance in the use of medications as a result of Dilaudid use to date. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid 4 mg, QTY: 40 is medically necessary.