

<b>Case Number:</b>	CM14-0159676		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 42-year old male who reported an injury on 11/08/2012 that occurred while he was trying to pull a door that hit him on his head, which caused him to have pain to his neck. His diagnosis included spinal stenosis in cervical and cervicalgia. His past treatments include medications. On 10/13/2014, the injured worker stated he was still in pain and needed refills. There were no objective physical findings noted in the documentation provided. His medications included Morphine, Valium and Temazepam. The treatment plan was to prescribe Norco 10/325mg four times per day, Soma 350mg three times per day, and Temazepam 30mg 2 tablets at bedtime. The rationale was not provided for the request. The Request for Authorization was submitted and signed on 10/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP Tab 10-325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Hydroco/APAP tab 10-325mg #120 is not medically necessary. The injured worker complained of pain. His medications included Morphine, Valium, and Temazepam. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, and side effects. The guidelines specify that an adequate pain assessment should include current pain level; 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 the pain relief lasts. The documentation submitted for review does not indicate that the use of Hydroco/APAP provides pain relief for him nor does it indicate that it helps increase his ability to perform activities of daily living. Therefore, the adequate pain relief and improved function has not been established. There is also a lack of evidence for consistent urine drug screens verifying appropriate medication use. Based on the documentation provided, use of the Hyrdoco/APAP would not be supported by the guidelines. Additionally, the request as submitted does not specify a frequency of use. As such, the request is not medically necessary.

**Carisoprodol 350 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-65.

**Decision rationale:** The request for Carisoprodol 350mg #90 is not medically necessary. The injured worker complained of pain. His medications included Morphine, Valium and Temazepam. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain, muscle tension and increased mobility. Carisoprodol is recommended for no longer than a 2 to 3 week period. In the documentation provided, the physician's rationale for this medication was not indicated. There is no documentation that prior use of Carisoprodol has resulted in decrease pain and help increased mobility. Additionally, the request, as submitted does not specify a frequency of use. In the absence of this documentation, the request is not supported. As such, the request is not medically necessary.

**Triazolam 0.25 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** The request for Triazolam 0.25mg #30 is not medically necessary. The injured worker complained of pain. His medications included Morphine, Valium and

Temazepam. The Official Disability Guidelines recommend correcting deficits, as nonrestorative sleep is one of the strongest predictors for pain. Also for impairment in daily function was due to lack of sleep. The impairments include fatigue, irritability, decreased memory and concentration. In the documentation provided, he was noted to be on Temazepam, a medication for insomnia; however, the physician did not indicate whether the current use of medication for insomnia was ineffective. The physician's rationale for the request was not provided. There is no documentation stating that he has any issues with sleep deprivation. Also the documentation fails to reveal that the use of Triazolam would decrease fatigue, irritability and aide with decreased memory and concentration. Additionally, the request, as submitted does not specify a frequency of use. The lack of this documentation would not support the need for the request. As such, the request is not medically necessary.