

<b>Case Number:</b>	CM14-0163882		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Interventional Spine 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 patient is a 68 year old male with an injury date of 12/03/07. The 09/17/14 progress report by [REDACTED] states that the patient presents with increased pain in the left ankle with lumbar swelling and left knee and left leg pain. As of 08/19/14 the patient is temporarily totally disabled 4-6 weeks. Examination shows tenderness of the medial joint line of the knee. The patient's diagnoses include: CRPS-I left leg (exacerbation) Left knee; status post surgery x 2 Status post DVT; left leg (cleared) Medications are listed as Norco and Soma. The utilization review being challenged is dated 09/26/14. Reports were provided from 10/21/13 to 09/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1 tablet BID, #60, No refills, One Month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma; Muscle relaxants for pain Page(s): 29; 63-66.

**Decision rationale:** The patient presents with left ankle, lumbar, left knee and left leg pain. The treater requests for Soma 350mg 1 tablet BID, #60, No refills, One Month. The reports provided

show the patient has been taking this medication since at least 01/08/14. California Medical Treatment Utilization Schedule (MTUS) Soma page 29 states that this medication is not indicated for long term use. The California MTUS Muscle relaxants for pain page(s) 63-66 states that this formulation is recommended for no longer than 2-3 weeks. The treater does not discuss this medication in the reports provided. In this case, the medication is indicated for short term use and the patient has been taking it months longer than the 2-3 weeks recommended by MTUS. Therefore, recommendation is not medically necessary and appropriate.

**Norco 10/325mg 1 tablet every 4 hours, #200, No Refills, One Month: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

**Decision rationale:** The patient presents with left ankle, lumbar, left knee and left leg pain. The treater requests for Norco (Hydrocodone an opioid) 10/325 mg 1 tablet every 4 hours, #200 no refills, one month. The reports show the patient has been taking this medication since at least 01/08/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show that pain is not addressed at each visit using a numerical pain scale. Pain is stated to be 9/10 on 08/19/14. However, analgesia from use of Norco is not documented. Activities of daily living (ADL's) are documented on 04/01/14. The patient states that the following is done with great difficulty: take a bath, climb flight of 10 stairs, walk, sexual function, and restful sleep. With some difficulty: put on shoes and socks, stand, sit, rise from chair, get in or out of bed, work outdoors, light housework, errands, lift 30 pounds, care for others, get in or out of a car. Other categories of activity were all rated without difficulty. However, the treater does not document how chronic use of opiate is improving this patient's functional level. Review of the reports show that opiate management issues are only partially addressed. A urine toxicology report is provided from 03/15/14 showing Carisprodol "detected" & "prescribed" and Hydrocodone "confirmed" and "prescribed". No other opiate behavioral issues are discussed such as CURES. The 09/17/14 report states the patient was counseled on the use, benefits, treatment progression and management of side effects of medications. In this case, analgesia and ADL's are inadequately addressed to show that chronic opiate use results in pain and functional improvements. The requested treatment is not medically necessary and appropriate.