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| <b>Case Number:</b>   | CM14-0022340 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 11/30/2010 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### 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:

This patient is a 58 year old male with a date of injury of 11/30/2010. Per the treating physician's report dated 01/15/2014, the patient presents with low back and right lower extremity pain, muscle spasms, sharp electrical burning pain, numbness, and tingling at the right lower extremity. The patient has completed 5 of 12 authorized visits of physical therapy without feeling any better. The patient's current medication regimen includes Percocet, Soma, and Naproxen. On visual analog scale, the patient's pain level is at 6/10 with the use of medication. Without medication, it is an 8/10 to 9/10. Listed diagnoses were: Low back and right lower extremity pain; multilevel lumbar degenerative disk disease; Spinal canal stenosis at L3 to L5; Lumbar facet arthropathy; Chronic L5 nerve root irritation per EMG/NCV; Lumbar myofascial pain with muscle spasms. Treatment recommendation was for the patient to continue Percocet, naproxen, and Soma. 12/05/2013 progress report is also reviewed. The patient has low back and right lower extremity pain, has had lumbar epidural steroid injection for 01/27/2013 with some improvement, pain at 6/10 with the use of medication. Without medication, it is an 8/10 to 9/10. The patient is noting "functional improvement as well as improvement of pain with his current medication regimen." The patient is better able to participate in ADL's including exercise program, riding a recumbent bike.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 67-73.

**Decision rationale:** The medical records provided for review indicate the patient's pain level is at 6/10 with the use of medication and 8/10 to 9/10 without medications. Furthermore, the treating physician provides documentation that there is functional improvement including improved ADLs such as exercise programs and riding a recumbent bike. MTUS Chronic Pain Guidelines do support the use of NSAIDs for chronic musculoskeletal pain such as chronic low back pain per page 22. Page 60 of MTUS Chronic Pain Guidelines also requires documentation of pain and function when medications are used for chronic pain. In this case, Naproxen appears to reduce the patient's pain and improve functional level. As such, the request is medically necessary and appropriate.

**SOMA 350 #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 63.

**Decision rationale:** This patient presents with chronic low back pain. The treating physician indicates that Soma significantly helps with the patient's spasms. The medical records provided for review indicate that this medication appears to be used on a chronic basis with the medications listed as current medications at least on two reports, dated 12/05/2013 and 01/15/2014. The MTUS Chronic Pain Guidelines do not support use of Soma on a chronic basis when managing chronic pain. Given that this medication is prescribed on a chronic basis, longer than for short term, which is not supported by the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.