

<b>Case Number:</b>	CM14-0028669		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/25/2006
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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, 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:

Progress report dated 01/30/2014 indicated the patient presented with complaints of low back pain radiating into both legs with associated numbness. He rated his pain a 6/10. There is no exam for review but it does state the patient is having back pain with spasm. Diagnoses are lumbago, insomnia-unspecified, OT pain disorder and lumbosacral degenerative disk disease. The treatment and plan included a refill of medications. Prior utilization review dated 02/10/2014 states the request for Halcion 0.25 mg #30 is not certified as it recommended limited use to 4 weeks. Nucynta and Fentanyl patches does not meet the guideline recommendations. Soma does not meet guideline criteria and is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HALCION 0.25MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The patient has been taking this medication and as per CA MTUS based guidelines Halcion is benzodiazepine which is recommended for limited use to 4 weeks. Thus, the request is not medically necessary and appropriate.

**NUCYNTA 75MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

**Decision rationale:** As per CA MTUS guidelines "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)." In this case, this patient has chronic low back pain and has been prescribed this medication chronically. However, there is no evidence of objective function improvement or reduced pain level with the use of this medication. Thus, the request for Nucynta 75MG #120 is not medically necessary.

**FENTANYL PATCHES 100UG #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**Decision rationale:** As per CA MTUS guidelines, Fentanyl is not recommended as a first-line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The medical records submitted for review does not document that the patient's pain cannot be managed by other means i.e. NSAIDs or has developed tolerance to another opioid, Nucynta. Thus, the request for Fentanyl Patches 100ug #10 is not medically necessary.

**SOMA 350MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) & Carisoprodol (Soma) Page(s): 63-65; 29.

**Decision rationale:** Soma is an antispasmodic used to decrease muscle spasm. The medical records submitted for review indicates that the patient has low back pain with spasm but the guidelines do not recommend the use of this medication for longer than 2-3 weeks. Thus, the request for Soma 350 mg #120 does not meet the guidelines criteria and as such this request is not medically necessary.