

<b>Case Number:</b>	CM14-0036090		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/06/1992
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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, 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 50-year-old female with an injury date of 04/06/92. Based on the 09/13/13 progress report provided by the provider, the patient complains of musculoskeletal pain, back pain, and hip pain. The patient is taking Carisoprodol 350mg, Norco 10-325mg, and Trazodone 50mg. The 12/27/13 report indicates that the patient complains of back pain as well as fatigue and continues to take the same medications. The 01/24/14 report states that the patient continues to have acute chronic low back pain, fatigue, and has gained weight. There is no indication of change in activities of daily living, nor were there any pain scales provided. The patient's diagnoses include: chronic pain, chronic pain syndrome, cervicgia, chronic back pain. The provider is requesting for: Exalgo ER 16mg #30, Carisoprodol 350mg, and Trazodone 60mg #30. The utilization review determination being challenged is dated 02/24/14. The provider is the requesting provider, and he provided three treatment reports from 09/13/13, 12/27/13, and 01/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exalgo ER 16mg, 1mg by mouth, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** According to the 01/24/14 report provided by the provider, the patient presents with low back pain. The request is for Exalgo ER 16mg #30 and the patient is first prescribed this medication on 1/24/14. Review of the reports show that the patient has been on Norco. While the treating physician does not provide a very good documentation, it would appear that Norco has been ineffective and the treater has prescribed another opiate. The MTUS guidelines on initiating opiates do recommend extended-release opioids along with rescue opioids. For on-going use of this medication, proper documentations regarding the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) and pain assessments must be provided as required by MTUS. Since the request is in accordance with the MTUS guidelines, the recommendation is for authorization.

**Carisoprodol 350mg, one tablet three times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65. Decision based on Non-MTUS Citation FDA (Carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to the 01/24/14 report provided by the provider, the patient presents with low back pain. The request is for Carisoprodol 350mg. The MTUS guidelines do not support the use of Carisoprodol for long-term. Review of the reports show that this patient has been on Carisoprodol at least from 09/13/13. As such, the recommendation is for denial.

**Trazodone 60mg #30, one by mouth daily:** 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), Mental Illness & Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), stress/mental chapter, Trazodone.

**Decision rationale:** According to the 01/24/14 report provided by the provider, the patient presents with low back pain. The request is for Trazadone 60mg #30. The Official Disability Guidelines (ODG) supports the use of Trazadone for insomnia in patients that have concurrent depression disorder. This patient suffers from chronic pain with insomnia, but lacks documentation regarding depression or psychiatric issues. The ODG require concurrent diagnoses of insomnia and depression for this medication to be used. As such, the recommendation is for denial.