

<b>Case Number:</b>	CM14-0038728		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 02/13/2002, caused by an unspecified mechanism. The injured worker's treatment history included an MRI, psychological testing, medications, a urine drug screen and injections. The injured worker was evaluated on 01/28/2014, and it was documented that the injured worker had an exacerbation of her low back pain with radiation down her right leg and right upper extremity pain. The provider noted that she was under the care for pain management; however, the documentation was not submitted for this review. It was reported that she remains quite depressed over her chronic pain and disability related to her industrial injury. The physical examination of the lumbar spine revealed that there was tenderness in the lower lumbar paravertebral musculature. Forward flexion was 60 degrees; extension was 10 degrees, and lateral bending was 30 degrees. There was a mildly positive sitting straight leg raise examination on the right. Strength in the lower extremity was globally intact. Diagnoses included lumbar radiculopathy with acute exacerbation; complex regional pain syndrome, right upper extremity; chronic pain syndrome; and right shoulder impingement syndrome. There were no VAS (visual analog scale) measurements provided for the injured worker. The Request for Authorization dated on 02/24/2014 was for Norco 10/325 mg, ibuprofen 600 mg and Soma 350 mg. The rationale was for pain relief and muscle spasms and cramping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG, #180:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. The injured worker had a urine drug screen on 11/26/2013 that was positive for opiates, however the provider failed to indicate the injured worker outcome measurements while taking opioids. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Norco10/325mg, #180 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is non-certified.

**Ibuprofen 600MG, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Ibuprofen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Ibuprofen is taken by the injured worker. In addition, the request for Ibuprofen did not include the frequency. Given the above, the request for the Ibuprofen 600mg, #180 is non-certified.

**Soma 350MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) & Muscle Relaxants Page(s): 29 and 63.

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documents submitted lacked outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. Furthermore, the documentation failed to indicate how long the injured worker has been on Soma. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350mg, #90 is non-certified.