

<b>Case Number:</b>	CM14-0041811		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Occupational Medicine 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 64-year-old male who has submitted a claim for localized secondary osteoarthritis of the lower leg associated with an industrial injury date of March 4, 2005. Medical records from 2013 to 2014 were reviewed. The patient complained of right knee pain. He takes Anexsia which decreases pain from 6/10 to 3/10. He was also treated for low back pain with numbness and tingling down to the feet. Physical examination of the right knee showed limitation of motion; tenderness of the medial and lateral joint line; and positive patellofemoral grind test. Lumbar spine examination showed limitation of motion; tenderness over the paraspinal muscles bilaterally, left greater than right; positive Kemp's test bilaterally; bilaterally positive straight leg raise test to posterior thigh at 70 degrees; decreased muscle strength of L4, L5 and S1 at 4/5; and decreased sensation at L4 and L5 dermatomes. The diagnoses were posttraumatic right knee tricompartmental osteoarthritis; failed lumbar spine fusion with persistent lumbar spine pain; and radiculopathy of bilateral lower extremities. Current pain medications include Anexsia and Soma. Treatment plan includes a request for medication refill. Treatment to date has included oral analgesics, knee brace, home exercise program, epidural steroid injection, lumbar spine surgery, physical therapy, and chiropractic therapy. Utilization review from March 27, 2014 denied the request for 1 prescription of Norco 10/325mg #120 because of continued pain and no significant change in functioning despite chronic use. The request for 1 prescription for Soma 350mg #60 was also denied because the patient is not being treated for an acute condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Opioids for chronic pain Page(s): 78-81.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Opioids appear to be efficacious for chronic back pain, but limited for short-term pain relief. It is not recommended as a first-line treatment for osteoarthritis. In this case, the patient has been taking Anexsia as far back as September 2013. Pain relief was noted with Anexsia intake. It is un-clear as to why additional opioid (Norco) is needed. Also, no urine drug screens were performed for monitoring of aberrant drug-taking behavior. Furthermore, opioids are not recommended as first-line treatment of osteoarthritis, and chronic use is not recommended. Likewise, there was no objective evidence of failure of first-line treatment such as Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and acetaminophen. The medical necessity has not been established. There was no compelling rationale for use of this medication. Therefore, the request for Norco 10/325mg, #120 is not medically necessary and appropriate.

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29, 65.

**Decision rationale:** As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guide-lines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as December 2013. The guideline does not support long term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. There was no compelling reason for continued use of this medication. Therefore, the request for Soma 350mg, #60 is not medically necessary.