

<b>Case Number:</b>	CM14-0047629		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 & 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:

The injured worker is a 52-year-old female who reported an injury on 11/08/2004 due to an unknown mechanism. Diagnoses were: disc disorder, lumbar; lumbar facet syndrome; lumbar radiculopathy; shoulder pain; carpal tunnel syndrome (bilateral); pain in joint, lower leg; knee pain; cervical pain; cervical radiculopathy; and low back pain. Past treatments were medications and epidural steroid injections. Surgical history was left total knee replacement. Physical examination on 04/10/2014 revealed range of motion for the cervical spine was restricted with pain. Examination of the paravertebral muscles revealed spasm, tenderness and tight muscle band on bilateral sides. Examination of the lumbar spine revealed range of motion was restricted with flexion, extension, right lateral bending and left lateral bending. On palpation, paravertebral muscles revealed tenderness and tight muscle band on bilateral sides. Straight leg raise test was positive on the right and in a sitting position at 80 degrees. Sensory examination revealed light touch sensation was decreased over the lateral foot, lateral calf, medial thigh and lateral thigh on the right side. It was reported that the injured worker was stable on current medication regimen and has not changed the central regimen for greater than 6 months. Function and activities of daily living improved optimally on current doses of medication. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The decision for MSContin 15mg, #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend documentation of the 4 A's including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The request does not indicate a frequency for the medication. The 4 A's for ongoing management for opioid medication was not reported. Therefore, this request is not medically necessary.

**Norco 10/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The request does not indicate a frequency for the medication. There was not documentation of the 4 A's for ongoing management of an opioid medication. Therefore, this request is not medically necessary.

**Soma 350mg, #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Carisoprodol, Page(s): 29; 65.

**Decision rationale:** The decision for Soma 350mg, #20 is not medically necessary. The California Medical Treatment Utilization Schedule states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletomuscular relaxant. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia whenever discontinuation of large doses occurs. Tapering should be individualized for each patient. The request does not indicate a frequency for the medication. The clinical information submitted for review does provide evidence that the injured worker has

been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The request does not indicate a frequency for the medication. There was not documentation of the 4 A's for ongoing management of an opioid medication. Therefore, this request is not medically necessary.

**Soma 350, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Carisoprodol Page(s): 29; 65.

**Decision rationale:** The California Medical Treatment Utilization Schedule states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletomuscular relaxant. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia whenever discontinuation of large doses occurs. Tapering should be individualized for each patient. The request does not indicate a frequency for the medication. The clinical information submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

**Trazadone 50mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The decision for Trazadone 50mg, #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request does not indicate a frequency for the medication. There was no documentation of an objective decrease in pain and objective functional improvement from taking this medication. Sleep quality and duration was not reported. Therefore, this request is not medically necessary.

**Neurontin 600mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16.

**Decision rationale:** The decision for Neurontin 600mg, #180 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. This request does not indicate a frequency for the medication. Functional improvement was not reported from taking this medication. Therefore, this request is not medically necessary.

**Voltaren 1% gel, #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Voltaren Gel 1% Page(s): 111.

**Decision rationale:** The decision for Voltaren 1% gel, #3 is not medically necessary. The California Medical Treatment Utilization Schedule states Voltaren gel 1% (Diclofenac) is an FDA approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Functional improvement was not reported from the use of this medication. Also, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.