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| <b>Case Number:</b>   | CM14-0049156 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 11/17/1995 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 Internal Medicine, has a subspecialty in Nephrology 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 62-year-old male who has submitted a claim for lumbar spine sprain/strain, lumbar spine herniated nucleus pulposus and lumbar spinal stenosis, status post spinal fusion L4-S1 (undated); associated with an industrial injury date of 11/17/1995. Medical records from 2012 to 2014 were reviewed and showed that patient complained of low back pain graded 8/10. Physical examination showed decreased range of motion of the lumbar spine due to spasms. Straight leg raise test was positive bilaterally at the L5-S1 distributions. Motor testing was normal. Treatment to date has included medications, physical therapy, sacroiliac rhizotomy, and surgery as stated above. Utilization review, dated 03/11/2014, denied the request for Soma because guidelines do not recommend its chronic use and use with opioid medications; and modified the request for Vicodin because the medical records did not document the four A's of opioid monitoring in sufficient detail to support its ongoing use, and for tapering and discontinuation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): PAGE 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL; MUSCLE RELAXANTS (FOR PAIN) Page(s): 29; 63.

**Decision rationale:** Page 63 of the California Medical Treatment utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommend as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). However, in most LBP cases, they show no benefit beyond (non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Page 29 states that carisoprodol is not indicated for long-term use, particularly when used in conjunction with opioid medications. In this case, the patient complains of low back pain despite medications, physical therapy, and surgery. Physical examination showed decreased range of motion of the lumbar spine due to spasms. The medical records do not clearly indicate duration of use of Soma. However, the patient has been prescribed opioids (e.g Norco, Vicodin) since at least December 2012, and adding carisoprodol or Soma to the current regimen is not indicated. Therefore, the request for Soma 250mg #45 is not medically necessary.

**Vicodin ES 7.5/300 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/OPIOIDS Page(s): PAGE 91.

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

**Decision rationale:** As stated on page 78 of California Medical Treatment utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed opioids (e.g. Norco, Vicodin) since at least December 2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicoden ES 7.5/300, # 60 is not medically necessary.