

<b>Case Number:</b>	CM14-0050380		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/18/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old male, who has submitted a claim for failed back surgery syndrome, chronic pain syndrome, insomnia, anxiety and depression, chronic neuropathic pain and chronic low back pain associated with an industrial injury date of August 2, 2000. Medical records from 2000 through 2014 were reviewed, which showed that the patient complained of constant neck pain, low back pain, abdominal pain, right shoulder pain and numbness associated with tingling in the 1st and 2nd digits. Physical examination of the lumbar spine revealed paraspinal spasm and tenderness. Motor examination of the lower extremity showed gross mild weakness in extensor hallucis longus, peroneus longus and gastrocnemius. MRI of the lumbar spine done on March 24, 2009 showed fusion at L5-S1 and L4-5 as well as L3-4; discogenic bulging and osteophyte complex indenting the thecal sac at the level of L2-L3; and clumping of the cauda equine nerve roots and hypertrophic changes of the facets. MRI of the cervical spine done on May 16, 2013 showed neural foraminal stenosis at the levels of C3-C4 and C6-C7. CT of the lumbar spine done on June 6, 2014 showed mild scoliosis versus malposition convex to the left of the lumbar spine, hypertrophy of the ligamentum flavum at L4-L5 and mild left bony neural foraminal stenosis at L5-S1. Treatment to date has included Flexeril, Vicodin, Naprosyn, Nexium, Neurontin, Cymbalta, bupropion, hydroxyzine, Senna, Norco, Flexeril, Clonazepam, Lorazepam, Skelaxin, Lidoderm, Flurbiprofen, Ultracet, Soma, Aquatic Therapy, epidural spinal injections, anterior fusion surgery at L4-S1, multiple laminectomies and fusion of bodies at the levels of L3, L4, L5 and S1 and spinal cord stimulator trial at the level of T8 to T10. Utilization review from March 18, 2014 denied the request for SOMA 35-mg #60 because guidelines do not recommend the use of SOMA especially for long term use. Likewise, the request for Ultracet 37.5/325mg #60 was also denied, because guidelines do not recommend continuation of opioids if the patient has not improved pain and functioning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 (Carisoprodol) Page(s): 29, 65.

**Decision rationale:** As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, it states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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 is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In this case, patient has been prescribed with Soma since February 25, 2014 (6 months to date). However, based on the documents submitted it has been noted that the patient was previously prescribed with Skelaxin, a muscle relaxant, but it was discontinued secondary to complaints of vomiting and itching. Patient has been on muscle relaxant since November 5, 2013 but records reviewed did not show functional improvement nor continued analgesia. Likewise, Soma was prescribed together with an opioid, Ultracet which could result in a drug-to-drug interaction. In addition, the frequency was non-specific. Therefore, the request for Soma 350mg #60 is not medically necessary.

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES , PAIN (CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, it states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been prescribed with Ultracet since February 25, 2014 (6 months to date). However, there was no documentation of continued analgesia and functional gains derived from its use. In addition, the frequency of the medication was non-specific. The guideline criteria were not met. Therefore, the request for ULTRACET 37.5/325MG #60 is not medically necessary.

