

<b>Case Number:</b>	CM14-0050454		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Preventative Medicine, has a subspecialty 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 injured worker is a 65 year-old male, who sustained an injury on June 29, 1998. The mechanism of injury is not noted. Diagnostics have included: Urine drug screen collected March 12, 2013 which was reported as showing positive to Soma and Temazepam but not opiates; Urine drug screen collected June 29, 2013 which was reported as showing positive to Soma and Temazepam and alcohol, but not opiates. Treatments have included: medications, TENS. The current diagnoses are: lumbago, cervicgia, shoulder pain. The stated purpose of the request for Norco 10/325 mg #270 was not noted. The request for Norco 10/325 mg #270 was modified for QTY # 250 to allow a weaning, on April 1, 2014, citing a lack of documentation of derived functional improvement in pain or objective findings. This medication has been prescribed since April 2013. The stated purpose of the request for Soma 350MG #270, was not noted. The request for Soma 350MG #270, was modified for QTY # 81 to allow a weaning, on April 1, 2014, citing a lack of documentation of notable improvement. This medication has been prescribed since April 2013. The stated purpose of the request for Temazepam 30MG #90 With One Refill, was not noted. The request for Temazepam 30MG #90 With One Refill, was modified for QTY # 72 to allow a weaning, on April 1, 2014, citing a lack of documentation of insomnia or notable improvement. This medication has been prescribed since April 2013. Per the report dated March 28, 2014, the treating physician noted complaints of neck pain and stiffness, lower back pain with radiation to bilateral legs rated as 7/10. He is using a TENS unit. Exam findings included decreased lumbar range of motion with lumbar tenderness, bilateral shoulder subacromial tenderness and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Hyperalgesia, Weaning Of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80;80-82.

**Decision rationale:** The requested Norco 10/325 mg #270, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit and measures of opiate surveillance. The injured worker has complaints of neck pain and stiffness, lower back pain with radiation to bilateral legs rated as 7/10. The treating physician has documented decreased lumbar range of motion with lumbar tenderness, bilateral shoulder subacromial tenderness and decreased range of motion. The treating physician has not documented objective evidence of derived functional benefit from this medication which had been prescribed since April 2013. In addition, two urine drug screens were reported as negative for opiates, without any documentation of subsequent action. The criteria noted above not having been met, Norco 10/325 mg #270, is not medically necessary.

**Soma 350mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29; 63-66.

**Decision rationale:** The requested Soma 350MG #270, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has complaints of neck pain and stiffness, lower back pain with radiation to bilateral legs rated as 7/10. The treating physician has documented decreased lumbar range of motion with lumbar tenderness, bilateral shoulder subacromial tenderness and decreased range of motion. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use, which had been prescribed since April 2013. The criteria noted above not having been met, Soma 350mg #270, is not medically necessary.

**Temazepam 30MG #90 With One Refill:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** The requested Temazepam 30MG #90 with one refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has complaints of neck pain and stiffness, lower back pain with radiation to bilateral legs rated as 7/10. The treating physician has documented decreased lumbar range of motion with lumbar tenderness, bilateral shoulder subacromial tenderness and decreased range of motion. The treating physician has not documented the medical indication for continued use of this Benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use, which has been prescribed since April 2013. The criteria noted above not having been met, Temazepam 30mg #90 with one refill, is not medically necessary.