

<b>Case Number:</b>	CM14-0053983		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/21/2003
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 and 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 41 year old male who reported injury on 10/21/2003. The mechanism of injury was not specified. The diagnoses noted are degeneration of lumbar, thoracic neuritis, sacroiliitis, chronic pain syndrome, lumbar facet joint pain and myofascial pain. Past treatments include medications. On 02/20/2014, the injured worker complained of low back pain, bilateral leg pain radiating from hips to feet and bilateral hip pain. He has a pain level of was 9-9.5/10 at all times and unable to sleep longer than 1-2 hours. The physical exam revealed lumbar spine tenderness, tightness across lumbosacral area, normal upper & lower extremity and ambulating without assistance. Medications include Soma 350mg, Senna 8.6mg, Dilaudid 4mg, Ambien extended release 12.5mg, Opana extended release, Lyrica 100mg and Frovatriptan 2.5mg. The treatment plan for the injured worker was for continued coverage of chronic pain medication maintenance regimen, for the reduction of pain, to increase activity tolerance, restore partial overall functioning and to allow rest along with completion of necessary activities of daily living. He should return in 1 month for re-evaluation, medication refills, medication management and random urine drug screen. The rationale for the request was to reduce pain, restore partial overall functioning and increase activity and tolerance. The request for authorization form is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Soma 350MG QID #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** The retrospective request for Soma 350MG QID #120 is not medically necessary. The injured worker has history of lumbar, thoracic neuritis, sacroiliitis, chronic pain syndrome, lumbar facet joint pain and myofascial pain. The California Medical Treatment Utilization Schedule MTUS guidelines state muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in regard to Soma, the guidelines state this formulation is not recommended for longer than a 2 to 3 week period due to its high rate of abuse for its sedative and relaxants. However, the injured worker complained of low back pain, bilateral leg pain radiating from hips to feet, bilateral hip pain and difficulty sleeping. Additionally, the objective data showed the injured worker is in continued constant pain with difficulty functioning. Furthermore, the documentation provided does not express improvement in reduction of pain, increased activity and restoration of function from an exam dated 10/23/2013 of Soma therapy that has been more than 2 to 3 weeks to the exam date used 02/20/2014, therefore the request for Soma therapy exceeds guideline recommendations of the time period of treatment. As such, the retrospective request for Soma 350MG QID #120 is not medically necessary.

**Retrospective: Lyrica 100MG TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

**Decision rationale:** The retrospective request for Lyrica 100MG TID #90 is not medically necessary. The injured worker has history of lumbar, thoracic neuritis, sacroiliitis, chronic pain syndrome, lumbar facet joint pain and myofascial pain. The California Medical Treatment Utilization Schedule MTUS guidelines state anti-epilepsy drugs are recommended and documented to be effective in the treatment of neuropathic pain. However, the injured worker complained of low back pain, bilateral leg pain radiating from hips to feet, bilateral hip pain and difficulty sleeping. Lyrica is an anti-epilepsy drug and guidelines state after treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation provided does not express improvement in reduction of pain, increased activity and restoration of function. The objective data showed the injured worker is in continued constant pain with difficulty functioning. Therefore, the retrospective request for Lyrica 100MG TID #90 is not medically necessary.