

<b>Case Number:</b>	CM14-0073618		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 7/28/00 date of injury, and status post two lumbar surgeries (including L5-S1 interbody fusion) in 2003 and 2004. At the time (4/29/14) of request for authorization for Soma 350mg Tab 1 PO Q6H #120 x 30 Days, Norco 10/325mg Tab 1 PO Q4-6H #150 x 30 Days, and Methadone 10mg Tab 1 PO TID #90 x 30 Days, there is documentation of subjective (8/10 pain described as aching with no associated weakness or numbness) and objective (no pertinent findings) findings, current diagnoses (postlaminectomy lumbar region, lumbago, sciatica/neuralgia or neuritis of sciatic nerve, pain in joint pelvic region and thigh, pain in limb, and displacement of lumbar intervertebral disc without myelopathy), and treatment to date (medications including ongoing treatment with Methadone, Norco, and Soma since at least 1/9/14 with reduced pain and improved function)). 4/29/14 medical report identifies the patient has signed a controlled substance agreement. Regarding Soma 350mg Tab 1 PO Q6H #120 x 30 Days, there is no documentation of acute muscle spasms and the intention to treat over a short course. Regarding Methadone 10mg Tab 1 PO TID #90 x 30 Days, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg Tab 1 PO Q6H #120 x 30 Days:** 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 Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy lumbar region, lumbago, sciatica/neuralgia or neuritis of sciatic nerve, pain in joint pelvic region and thigh, pain in limb, and displacement of lumbar intervertebral disc without myelopathy. In addition, given documentation of reduced pain and improved function with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Carisoprodol/Soma since at least 1/9/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg Tab 1 PO Q6H #120 x 30 Days is not medically necessary.

**Norco 10/325mg Tab 1 PO Q4-6H #150 x 30 Days:** Overturned

**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 Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy lumbar region, lumbago, sciatica/neuralgia or neuritis of sciatic nerve, pain in joint pelvic region and thigh, pain in limb, and displacement of lumbar intervertebral disc without myelopathy. In addition, given documentation of a signed controlled substance agreement, there is documentation that the prescriptions are from a single

practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of reduced pain and improved function with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg Tab 1 PO Q4-6H #150 x 30 Days is medically necessary.

**Methadone 10mg Tab 1 PO TID #90 x 30 Days:** 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 Methadone; Opioids Page(s): 61-62, 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy lumbar region, lumbago, sciatica/neuralgia or neuritis of sciatic nerve, pain in joint pelvic region and thigh, pain in limb, and displacement of lumbar intervertebral disc without myelopathy. In addition, given documentation of a signed controlled substance agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of reduced pain and improved function with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Methadone use to date. However, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. Therefore, based on guidelines and a review of the evidence, the request for Methadone 10mg Tab 1 PO TID #90 x 30 Days is not medically necessary.