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| <b>Case Number:</b>   | CM14-0078301 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 06/29/1998 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 05/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2014 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 64 year old with an injury date on 6/29/98. Patient complains of continued pain in the neck, back, bilateral shoulder, and bilateral knees with pain rated 3/10 with medications and 7/10 without medications per 5/5/14 report. Based on the 5/5/14 progress report provided by [REDACTED] the diagnoses are lumbago, lower back pain, cervical pain / cervicgia, shoulder region disc neck and center. The exam on 5/5/14 showed cervical decreased range of motion. Lumbar decreased flexion/extension/lateral bending. Bilateral shoulders, decreased abduction/pain and full strength in bilateral LLE without crepitus or defects. [REDACTED] is requesting Norco 10/325mg #270 with 2 refills, soma 300mg #90 with 1 refill, and Temazepam 30mg #90 with 2 refills. The utilization review determination being challenged is dated 5/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/25/13 to 5/5/14.

### 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 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain, back pain, shoulder pain, and knee pain. The physician has asked for Norco 10/325mg #270 with 2 refills on 5/5/14. The patient has been taking Norco since 4/29/13 with no mention of effectiveness. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's adverse side effects and aberrant drug-seeking behavior. A review of the included reports, do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

**Soma 300 mg, #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

**Decision rationale:** This patient presents with neck pain, back pain, shoulder pain, and knee pain. The physician has asked for Soma 300mg #90 with 1 refill on 5/5/14. A urine drug screen on 2/25/13 and 8/26/13 showed positive for Soma. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for more than a year, but MTUS recommends only for short term use (7-10 days). Requested Soma is not indicated for this patient at this time. Therefore Soma 300mg #90 is not medically necessary.

**Temazepam 30 mg, #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** This patient presents with neck pain, back pain, shoulder pain, and knee pain. The physician has asked for Temazepam 30mg #90 with 2 refills on 5/5/14. Patient has been taking Temazepam since 4/29/13. Regarding Benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has been taking Temazepam for more than a year, but MTUS only recommends for 4 weeks. The requested Temazepam 30mg #90 with 2 refills is not medically necessary.

