MAXIMUS Federal Services

| Case Number: | CM14-0080603 | | |
|---|---|---|---|
| Date Assigned: | 07/18/2014 | Date of Injury: | 06/16/2010 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

## 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 Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 06/16/2010 due to an unspecified mechanism of injury. On 04/05/2014 she reported lumbar spine pain rated at a 6/10, described as stabbing, dull, and throbbing, with spasms that radiated down the bilateral legs into her toes and was associated with numbness. She also noted that there was no improvement in her ongoing symptoms. A physical examination revealed that she appeared to be in distress due to pain, allodynia over the lumbar spine surgical scar, and decreased sensation noted at the left L5 distribution. Range of motion to the lumbar spine was documented as 20/30 degrees with right and left lateral bending, 40/70 degrees with flexion, and 10/20 degrees with extension. Her diagnoses were listed as status post lumbar spine surgery on 03/16/2011, status post selective nerve root block, lumbar sprain, lumbar myofascial pain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. Her medications included Percocet tab 325 mg 1 by mouth every day #30, naproxen 550 mg 1 by mouth 3 times a day as needed 360, Soma 350 mg 1 by mouth twice a day as needed #60, Norco 10/325 mg 1 by mouth every 4 to 6 hours #180, Xanax 2 mg 1 by mouth 3 times a day as needed #90, and Valium 10 mg 1 by mouth every day at bedtime #30. It was stated that she had not undergone any procedures to alleviate her pain. The treatment plan was for Percocet 10/325 mg 30, Soma 350 mg #60, Xanax 2 mg #90, and Valium 10 mg #30. The Request for Authorization Form was signed on 05/01/2014. The rationale for treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 92, 78-80, 124.

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

**Decision rationale:** The California MTUS Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented with ongoing management of opioid use. Pain assessment should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. If there is no overall improvement, unless there are extenuating circumstances, opiates should be discontinued. Based on the clinical information submitted for review, the patient reported no improvement in her ongoing symptoms. The documentation provided is lacking evidence regarding objective functional improvement and pain relief to support continued use of this medication. In addition, the requesting physician did not state the frequency of the medication within the request. The request is not supported by the guideline recommendations as there is no proven efficacy and the frequency of the medication is unclear. Given the above, the Percocet 10/325 mg 30 is not medically necessary.

**Soma 350 mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that Soma is not recommended. This medication is not intended for long term use. Soma is a commonly prescribed central acting skeletal muscle relaxant whose primary metabolite is meprobamate, a schedule 5 controlled substance. Based on the clinical information submitted for review, this medication has not provided satisfactory relief for the injured worker. In addition, it is unknown how long the patient has been utilizing this medication, without knowing this information, continuation cannot be supported as it is not indicated for long term use. Furthermore, the requesting physician did not state the frequency of the medication within the request. The documentation provided is lacking information regarding evidence of efficacy, frequency of the medication and how long it has been used, and therefore is not supported. Given the above, the Soma 350 mg #60 is not medically necessary.

**Xanax 2 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation ODG, Pain, Anxiety medications in chronic pain.

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

**Decision rationale:** The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Based on the clinical information submitted for review, this medication did not provided satisfactory pain relief and functional improvement. In addition, the length of treatment with this medication was not stated and is unclear. Furthermore, the requesting physician did not state the frequency of the medication within the request. The request is not supported by the guideline recommendations as efficacy of the medication was not proven and the length of treatment is unclear. Given the above, the Xanax 2 mg #90 is not medically necessary.

**Valium 10 mg #30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Based on the clinical information submitted for review, the injured worker did not show a satisfactory response to this medication. There is a lack of documentation regarding objective functional improvement and pain relief. In addition, it was not stated how long she had been utilizing this medication, without knowledge of the length of treatment, continued use would not be supported as it is only recommended for short term therapy. Furthermore, the requesting physician did not state the frequency of the medication within the request. The request is not supported by the guideline recommendations as efficacy was not proven, and the length of time the injured worker was using this medication is unclear. Given the above, the Valium 10 mg #30 is not medically necessary.