

<b>Case Number:</b>	CM14-0090065		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 52-year-old male who reported an injury on 09/08/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar spine myofasciitis with radiculitis, status post left hip and status post left knee arthroscopic surgery. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications include alprazolam, Soma, and Norco. On 03/11/2014, a drug screen showed that the injured worker was not in compliance with their medications. On 05/15/2014, the injured worker complained of back pain. It was noted on physical examination that the injured worker had a pain rate of 7/10. There was limited left shoulder active range of motion with pain. There was a positive straight leg raise to the right and positive drop arm test to the left shoulder. The medical treatment plan is for the injured worker to continue the use of medications which include Norco, Soma, and alprazolam. The rationale was not submitted for review. The request for authorization was submitted on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 with refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for Norco 10/325, with a quantity of 240 tablets, is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. An assessment should be documented showing what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication. Additionally, it was not submitted in the report as to whether the Norco was helping the injured worker with any functional deficits. There was no mention of any adverse side effects the injured worker might be having. A urinal analysis (UA) was submitted on 03/11/2014 that was showing that the injured worker was not in compliance with his medications. Additionally, there was no assessment showing what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the CA MTUS recommended guidelines. As such, the request is not medically necessary.

**Soma 350mg #90 with refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Chapter (2008), page 128, Skeletal Muscle Relaxants and the Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

**Decision rationale:** The request for Soma 350 mg with a quantity of 90 is not medically necessary. The California MTUS state that Soma is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting musculoskeletal relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The submitted documentation indicates that the injured worker has been prescribed Soma since at least 05/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Alprazolam 1mg #30 with 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 (ODG), Benzodiazepines

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

**Decision rationale:** The request for alprazolam 1 mg quantity of 30 with 1 refill is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. It was documented in the submitted report that the injured worker had been prescribed alprazolam since at least 05/2014, exceeding the guideline recommendations for short term therapy. The submitted documentation also lacked the efficacy of the medication to support continued use, and the frequency was not provided in the request as submitted. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.