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| <b>Case Number:</b>   | CM14-0195541 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 01/11/2006 |
| <b>Decision Date:</b> | 01/20/2015   | <b>UR Denial Date:</b>       | 11/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 Anesthesiologist, 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 68-year-old female who reported an injury on 01/11/2006. The mechanism of injury was not provided. Diagnoses include chronic low back pain. Past treatments were noted to include medications and the use of a [REDACTED] tub. On 10/27/2014, it was noted the injured worker was "doing okay" and that the [REDACTED] tub had helped with her pain. There were no objective findings as this clinical note was handwritten and largely illegible and provided very little information. A medication list was not provided. The treatment plan was noted to include medications. A request was received for Vicodin 5-300mg #150 and Soma 350mg #90 without a rationale. The Request for Authorization was signed 10/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5-300mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Vicodin 5-300mg #150 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with

the direction of 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review did not note the injured worker's pain, ADLs, any inverse side effects, nor was a urine drug screen provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Soma 350mg #90:** Upheld

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

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

**Decision rationale:** The request for Soma 350mg #90 is not medically necessary. According to the California MTUS Guidelines, Soma is a muscle relaxant that is not recommended due to its side effects outweighing the benefits of use. This medication is not indicated for long term use. The documentation submitted for review did not note the injured worker's pain or discomfort to warrant the need for a muscle relaxant nor the duration the injured worker has been taking this medication. In the absence of documentation notating a rationale for the medication, the duration of use, and as the medication is not recommended, the request is not supported by the evidence based guidelines. As such, the request for Soma 350mg #90 is not medically necessary.