

<b>Case Number:</b>	CM15-0008951		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/11/1999
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female who reported an injury on 08/11/1999 due to an unspecified mechanism of injury. On 12/04/2014, she presented for a followup evaluation regarding her work related injury. She reported pain level had increased since the last visit, but had no new problems or side effects. She also stated that her quality of sleep was poor. She was noted to be taking her medications as prescribed and stated that they were working well. Her medications included lorazepam 0.5 mg 1 tablet 3 times daily as needed, Lidoderm 5% patches 1 patch to skin once a day, Soma 350 mg 1 tab by mouth 3 times a day as needed, Norco 10/325 mg 1 three times a day, Medrol 4 dose pack use as directed, and oxycodone 15 mg 1 every 6 hours as needed max 5 per day. A physical examination of the cervical spine showed restrictive range of motion with flexion to 45 degrees and extension to 10 degrees limited by pain. On examination of the paravertebral muscles, there was spasm, tenderness, and tight muscle band noted on both sides. Tenderness was also noted at the paracervical muscles and trapezius. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. The lumbar spine showed restricted range of motion with 45 degrees of flexion and 10 degrees of extension. On palpation, there was paravertebral muscle spasm, tenderness, and tight muscle band and trigger points noted on both sides. He could not heel walk or toe walk and a straight leg raise was positive on the right. Tenderness was noted over the sacroiliac spine and trigger points were radiating with a twitch response on palpation of the lumbar paraspinal muscles on the right and left. She was diagnosed with spinal lumbar degenerative disc disease, cervical radiculopathy, and cervical spondylosis. It was noted that her CURES reports were ran on

12/04/2014 and were consistent and appropriate. She noted that her pain was reduced from a 10/10 to a 7/10 with her medication and reported improvement in her cervical range of motion and stabilization due to medication use. The treatment plan was to continue her medications to provide her with relief from her pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg, quantity: 90 with 1 refill: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend Soma for use and state that this medication is not recommend for long term treatment. Based on the clinical documentation submitted for review, it was stated that the injured worker was receiving adequate pain relief with the use of her medications and that her CURES reports were consistent and appropriate. However, there were no official urine drugs provided for review to validate that she has been compliant with her medication regimen. Also, it is unclear how long the injured worker has been using this medication, and without this information, continuing would not be supported as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Lorazepam 0.5mg, quantity: 75 with 1 refill: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend lorazepam for use and state that this medication is not recommend for long term treatment. Based on the clinical documentation submitted for review, it was stated that the injured worker was receiving adequate pain relief with the use of her medications and that her CURES reports were consistent and appropriate. However, there were no official urine drugs provided for review to validate that she has been compliant with her medication regimen. Also, it is unclear how long the injured worker has been using this medication, and without this information, continuing would not be supported as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Norco 10/325, quantity: 90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be receiving adequate pain relief with the use of her medications and reportedly had consistent and appropriate CURES reports. However, there is a lack of documentation showing official urine drug screens to validate that she has been compliant with her medication regimen. Also, refills of this medication would not be supported without a re-evaluation to determine treatment success. Furthermore, the frequency of the medication was not stated within the request. As such, the request is not supported. Therefore, the request is not medically necessary.

**Oxycodone Hcl 15mg, quantity: 50 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be receiving adequate pain relief with the use of her medications and reportedly had consistent and appropriate CURES reports. However, there is a lack of documentation showing official urine drug screens to validate that she has been compliant with her medication regimen. Also, refills of this medication would not be supported without a re-evaluation to determine treatment success. Furthermore, the frequency of the medication was not stated within the request. As such, the request is not supported. Therefore, the request is not medically necessary.