

<b>Case Number:</b>	CM15-0100488		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/16/2006
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old woman sustained an industrial injury on 2/16/2006. The mechanism of injury is not detailed. Diagnoses include lumbar strain. Treatment has included oral medications. Physician notes on a PR-2 dated 4/15/2015 show complaints of severe lumbar spine pain. Recommendations include Norco, Ibuprofen, Soma, Triazolam, and follow up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid therapy for chronic pain Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe lumbar spine pain. The treating physician has not documented VAS pain quantification with

and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants Page(s): 63-66, 29.

**Decision rationale:** The requested Soma 350mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has severe lumbar spine pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #90 is not medically necessary.

**Triazolam 0.25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

**Decision rationale:** The requested Triazolam 0.25mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has severe lumbar spine pain. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Triazolam 0.25mg #30 is not medically necessary.

**Lidoderm patches #29:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The requested Lidoderm patches #29, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has severe lumbar spine pain. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patches #29 is not medically necessary.