

<b>Case Number:</b>	CM15-0147497		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 10-20-2008. Diagnoses include bilateral carpal tunnel syndrome, chronic low back pain secondary to disc degeneration and spondylosis, chronic neck pain, chronic muscle spasm pain and insomnia secondary to pain. Treatment to date has included diagnostics, medications, occupational therapy, splinting, physical therapy, acupuncture and home exercise. Per the Primary Treating Physician's Progress Report dated 7-08-2015, the injured worker reported neck pain, spasms, thoracic pain, and wrist and hand pain with numbness, weakness and tingling in the hands. She rates her pain on a subjective scale as 6 out of 10 with medication and 8-10 out of 10 without medication. Physical examination of the lumbar spine revealed palpable spasm from L4-5 to the lumbosacral junction. There was tenderness from L3-4 to the lumbosacral junction on the right and left with multiple trigger points and reduced range of motion in all planes. There was spasm from the CT junction to the TL junction of the thoracic spine. Cervical spine examination revealed an increase in paraspinal muscular tone with 1+ spasm in the mid to lower cervical levels and in the posterior cervical paraspinals into the upper thoracic region. There was tenderness with multiple trigger points in the levator scapulae and trapezius muscles. Cervical ranges of motion were reduced in all planes. The plan of care included medication management and authorization was requested for Soma 350mg, Celebrex 200mg, Norco 10-325mg and Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg quantity 60:** 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 SOMA Page(s): 29.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or exacerbation of lumbar pain. In addition, Soma is metabolized into a sedating product and this is not recommended by MTUS guidelines. There is no justification for prolonged use of Soma. Therefore, the request of Soma 350mg quantity 60 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg quantity 120 is not medically necessary.

**Flector patch 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector Patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**Decision rationale:** Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. As a matter of fact the patient was approved for the use of Celebrex and the co administration of Flector is not necessary. Based on the patient's records, the prescription of Flector patch 30 is not medically necessary.