

<b>Case Number:</b>	CM15-0182425		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 9-22-2000. The injured worker is undergoing treatment for cervicgia, cervical pain, and shoulder region disorder. Dates of service reviewed included: 1-23-2008 to 8-3-2015. On 7-1-15, she reported continued low back, neck and right shoulder pain. She indicated she had been paying out of pocket for Norco. She stated her right shoulder had new onset of clicking and popping. She is being reported as stable on current medications and denied side effects. She is also reported as not exhibiting aberrant behavior. She rated her pain 5 out of 10 with medications. She indicated she is able to do laundry, cook and garden. She also reported insomnia, fatigue, anxiety and depression. Physical findings revealed tenderness and decreased range of motion of the head and neck, tenderness and restricted range of motion of the right upper extremity, as well as, tenderness and decreased range of motion of the low back. On 8-3-15, she reported continued right shoulder and low back pain rated 5 out of 10 with medications. She described her low back pain as constant and throbbing. The right shoulder pain was not described. There were no significant changes in physical findings or functional status noted. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the right shoulder (1-23-2008), urine drug testing in the office on 8-3-15 was positive for opioids, massage therapy, lumbar rhizotomy (3-18-11), home exercise program. Current medications listed: Lisinopril, Norco, Wellbutrin, Ibuprofen, Soma, Parafon Forte. The records indicate she has been utilizing Ibuprofen since at least June 2006, possibly longer; and Soma since at least December 2006, possibly longer. She is noted to have been utilizing Wellbutrin since at least October 2007, possibly longer; and opioid

drugs since at least June 2006 possibly longer. Medications have included but are not limited to: Vicodin, Topamax, Wellbutrin, Flexeril, Lactulose, Soma, Toradol injections, and Ibuprofen. Current work status: is not documented. The request for authorization is for: one prescription of Soma 350mg quantity 60 with 3 refills, one prescription of Norco 10-325mg quantity 180, one prescription of Wellbutrin SR 200mg quantity 60 with 2 refills, and one single class urine qualitative urine drug screen in a quantity of 6 including assay of urine creatinine. The UR dated 8-29-15: non-certified the request for Soma 350mg quantity 60 with 3 refills, one prescription of Norco 10-325mg quantity 180, and one single class urine qualitative urine drug screen in a quantity of 6 including assay of urine creatinine; and certified the request for one prescription of Wellbutrin SR 200mg quantity 60 with 2 refills.

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

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

**Soma 350mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second- line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short- term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time NOT medically necessary.

**Norco 10/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. Specifically on recent clinic notes from 7/14/15 the IW reports improvement of VAS to 5/10 with medications and ability to maintain ADL with current pain regiment with no evidence of aberrant behavior or side effects. There has been no escalation, UDS have been appropriate; there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription and is also treated with a first line neuropathic pain agent; the current prescription is intended as adjuvant treatment for breakthrough pain as needed. Consequently continued use of opioids is supported by the medical records and guidelines as being medically necessary.

**Single class urine qualitative urine drug screen in a quantity of 6 including assay of urine creatinine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The IW is treated with long-term use of opioids and a urine drug screen has been requested for routine screening. According to MTUS, urine drug screening or testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Discussion supporting routine UDS is further mentioned in "Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." Considering that the IW is taking short-acting opioids for a long-term basis risk for dependence and/or abuse is increased, therefore routine screening is appropriate intermittently even if there are no clearly reported risks for abuse or dependence, therefore is medically necessary.