

<b>Case Number:</b>	CM15-0182629		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 61-year-old female patient, who sustained an injury on 06-18-2001. She sustained the injury when she bumped her left knee on the edge of an airline seat. The diagnoses include knee and leg sprain and strain, lumbar sprain and strain, and crushing injury of the thigh. Per the progress report dated 07-15-2015, she had complaints of pain in the right lower extremity and knee. The pain was aggravated with walking and prolonged sitting. The pain was rated 5 out of 10 at its least and 10 out of 10 at its worst. The physical examination revealed a non-antalgic gait, lumbar forward flexion at greater than 90 degrees, lumbar extension at 30 degrees, lumbar bilateral rotation at 45 degrees, and bilateral tilting at 15 degrees. Per the progress report dated 08-12-2015, she had complaints of pain in the lumbar spine at 5/10 with radiation to the right lateral calf. The pain was aggravated by bending, reaching up or out, twisting or turning, pushing or pulling, lifting, carrying, prolonged sitting, and repetitive movement. The pain caused sleeplessness twice a night. The physical examination revealed a non-antalgic gait, non-tender in the paravertebral region of the lumbar spine, mild tenderness in the left sciatic notch, lumbar flexion greater than 90 degrees, lumbar extension greater than 30 degrees, lumbar bilateral rotation at 60 degrees, lumbar bilateral tilting at 30 degrees, normal heel and toe walk, and normal bilateral straight leg raise tests. The treating physician noted that the patient's back symptoms were well controlled with her medications and activity level. The medications list includes Tylenol #4, Celexa, Valium (since at least 10-2012), Norco (since at least 09-2014) and Soma (since at least 09-2014). She has had home exercises and stretching. The diagnostic studies to date have not been included in the medical records provided. The treating physician requested

a refill of her Norco. The treatment plan included a refill of Norco #120 tablets and the continuation of medications as directed. The injured worker's work status was not indicated. The treating physician requested Norco 10-325mg #120 with two refills, Soma 350mg #90 with two refills, and Valium 10mg #60. On 08-26-2015, Utilization Review (UR) modified the request for Norco 10-325mg #120 with two refills to Norco 10-325mg #90 and non-certified the request for Soma 350mg #90 with two refills and Valium 10mg #60.

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

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

**Norco 10/325mg #120 with 2 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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Norco 10/325mg #120 with 2 refills. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The response to anticonvulsant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 with 2 refills is not established for this patient, based on the clinical information submitted for

this review and the peer reviewed guidelines referenced. Therefore, this request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Soma 350mg #90 with 2 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): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** Soma 350mg #90 with 2 refills. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommended soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation or muscle spasm is not specified in the records provided. The medical necessity of Soma 350mg #90 with 2 refills is not established in this patient at this time. The request is not medically necessary. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 09/30/15), Benzodiazepine.

**Decision rationale:** Valium 10mg #60. Valium contains diazepam, which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.

Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Valium 10mg #60 is not fully established for this patient given the medical records submitted and the guidelines referenced. The request is not medically necessary. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.