

Case Number:	CM15-0183429		
Date Assigned:	09/24/2015	Date of Injury:	10/07/2013
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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 57-year-old male patient, who sustained an injury on 10-07-2013. The diagnoses include degeneration of the lumbosacral intervertebral disc, lumbosacral radiculopathy, low back pain, spinal stenosis, and insomnia. Per the doctor's note dated 08-07-2015 he had complaints of low back and lower extremity pain. He used Norco and Soma for pain management. The physical examination revealed no acute distress, a slow and antalgic gait, and a forward flexed body posture. It was noted that the patient would start slow opioid taper on the day of the visit. It was indicated that the medications continued to decrease the patient's pain by more than 50% and allowed him to maintain the current level of function which included activities of daily living and home exercise program. The treating physician noted that the patient used the medications appropriately and reported no adverse effects. The medications list includes Gabapentin, Naproxen (discontinued), Norco (since at least 03-2015), Soma (since at least 03-2015), Terocin patch (since at least 06-2015). He has had diagnostic studies including an MRI of the lumbar spine dated 04-13-2015 which showed canal stenosis, bilateral neuroforaminal narrowing at L3-4, L4-5, and L5-S1 secondary to a disc bulge, and narrowing of the left lateral recess, minimal retrolisthesis, and bilateral facet degenerative disease. He has had physical therapy, and a home exercise program. There was documentation that the pain contract was signed on 09-05-2014; the CURES report was "compliant"; and the urine drug screen on 07-02-2015 was "WNL" (within normal limit). The patient's current work status was noted as temporary total disability. The treating physician requested Soma 350mg #60, Norco 10-325mg #80, and Terocin (Lidocaine 4%-Menthol 4%) adhesive patch #30 with one refill. On 08-17-2015, Utilization Review (UR)

non-certified the request for Soma 350mg #60, Norco 10-325mg #80, and Terocin (Lidocaine 4%-Menthol 4%) adhesive patch #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tab, #60: 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: 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 recommend 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. 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 request for Soma 350mg tab, #60 is not medically necessary or fully established in this patient at this time.

Norco 10/325mg tab, #80: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

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

Decision rationale: 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". There was documentation that the pain contract was signed on 09-05-2014 and the CURES report was "compliant". 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". Per the note dated 8/7/15 patient had chronic low back pain. It was noted that the patient would start a slow opioid taper on the day of the visit. It was indicated that the medications continued to decrease the patient's pain by more than 50% and allowed him to maintain the current level of function which included activities of daily living and home exercise program. The treating physician noted that the patient used the medications appropriately and reported no adverse effects. Patient had the urine drug screen on 07-02-2015 which was "WNL" (within normal limit).The request of Norco 10/325mg tab, #80 is medically appropriate and necessary for this patient to use for weaning purpose.

Terocin (Lidocaine 4%-Menthol 4%) adhesive patch #30, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended "Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient was taking gabapentin. Failure of an antidepressant is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The request for Terocin (Lidocaine 4%-Menthol 4%) adhesive patch #30, with 1 refill is not medically necessary or fully established for this patient.