

<b>Case Number:</b>	CM15-0184393		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 37 year old woman sustained an industrial injury on 10-11-2011. Diagnoses include mechanical low back pain and internal derangement of the left knee. Treatment has included oral medications. Physician notes dated 7-30-2015 show complaints of back and knee aches (improving). The worker states worker's compensation is not covering the prescribed pain medications. The physical examination shows knee and lumbar spine tenderness. Recommendations include Norco, Tramadol, Soma, and follow up in three months. Utilization Review denied requests for Norco, Tramadol, and Soma on 8-26-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tid prn (unspecified quantity): 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, Medications for chronic pain.

**Decision rationale:** Based on the 07/30/15 progress report provided by treating physician, the patient presents with pain to low back and left knee. The request is for NORCO 10/325MG TID PRN (UNSPECIFIED QUANTITY). RFA with the request not provided. Patient's diagnosis on 07/30/15 includes mechanical low back pain and internal derangement of the left knee. Physical examination on 07/30/15 revealed slight lumbar spine and left knee tenderness. Patient's medications include Norco, Tramadol, and Soma. Patient's work status not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications per progress reports dated 04/02/15, 05/20/15, and 07/30/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4 A's. Furthermore, treater has not specified quantity in the request. MTUS does not support open-ended requests. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Tramadol 50mg tid prn (unspecified quantity): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 07/30/15 progress report provided by treating physician, the patient presents with pain to low back and left knee. The request is for TRAMADOL 50MG TID PRN (UNSPECIFIED QUANTITY). RFA with the request not provided. Patient's diagnosis on 07/30/15 includes mechanical low back pain and internal derangement of the left knee. Physical examination on 07/30/15 revealed slight lumbar spine and left knee tenderness. Patient's medications include Norco, Tramadol, and Soma. Patient's work status not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale

or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications per progress reports dated 04/02/15, 05/20/15, and 07/30/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4 A's. Furthermore, treater has not specified quantity in the request. MTUS does not support open-ended requests. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Soma 350mg tid prn (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation  
<http://www.medicaid.state.ar.us/Download/provider/pharm/CarisoTaper.pdf>.

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

**Decision rationale:** Based on the 07/30/15 progress report provided by treating physician, the patient presents with pain to low back and left knee. The request is for SOMA 350MG TID PRN (UNSPECIFIED QUANTITY). RFA with the request not provided. Patient's diagnosis on 07/30/15 includes mechanical low back pain and internal derangement of the left knee. Physical examination on 07/30/15 revealed slight lumbar spine and left knee tenderness. Patient's medications include Norco, Tramadol, and Soma. Patient's work status not provided. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects." Soma has been included in patient's medications per progress reports dated 04/02/15, 05/20/15, and 07/30/15. It is not known when this medication was initiated. MTUS recommends antispasmodic agents such as Soma, only for a

short period (no more than 2-3 weeks). In this case, the patient has been prescribed Soma at least since 04/02/15, which more than 4 months from UR date of 08/26/15. Furthermore, treater has not specified quantity in the request, which does not indicate intended short-term use. MTUS also does not support open-ended requests. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.