

<b>Case Number:</b>	CM15-0187112		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 11-25-05. She reported injuries to her spine, mid-back, low back, left leg, neck, right shoulder, bilateral knees, psyche, upper and lower extremities, head, and bilateral shoulders. The injured worker was diagnosed as having cervical spine sprain or strain with left upper extremity radiculopathy, thoracic spine sprain or strain, and lumbar spine sprain or strain. Treatment to date has included psychotherapy, myofascial release, trigger point injections, a home exercise program, TENS, and medication including Soma and Vicodin. The injured worker had been taking Soma and Vicodin since at least June 2013. The treating physician's report dated 7-22-15 is difficult to decipher. Physical examination findings on 7-22-15 included limited bilateral shoulder range of motion, lumbar spine tenderness to palpation with spasm, bilateral positive straight leg raises, and lumbar spine spasm. The injured worker's pain ratings were not noted. On 7-22-15, the injured worker complained of bilateral shoulder pain, lumbar spine pain, and cervical spine pain. On 7-22-15, the treating physician requested authorization for Vicodin 7.5-300mg #30 and Soma 350mg #30 for the date of service 7-22-15. On 8-18-15, the requests were non-certified but Vicodin #30 and Soma #30 were approved with no refills for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #30 Rx date: 7/22/15: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 42 year old patient complains of neck and lower back pain with radicular symptoms, as per progress report dated 06/20/15. The request is for Vicodin 7.5/300mg #30 Rx DATE: 7/22/15. The RFA for this case is dated 07/22/15, and the patient's date of injury is 11/25/05. Diagnoses, as per progress report dated 06/20/15, included Trigeminal neuralgia, cervical spondylosis with myelopathy, radiculopathy, intervertebral disc disorder of the lumbar region with myelopathy, and sciatica. Current medications included Soma, Vicodin, Provigil, Rifampin, Armour thyroid, Diflucan, Doxycycline, Omnicef, Wellbutrin, Lidoderm patch, Xanax, Motrin, Ibuprofen, and Flector patch. Diagnoses, as per progress report dated 07/22/15, included cervical sprain/strain with upper extremity radiculopathy, Thoracic sprain/strain, and lumbar sprain/strain with lower extremity radiculopathy (other diagnoses are difficult to decipher). The patient is on modified duty, as per the same progress report. 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." In this case, several progress reports are handwritten and difficult to decipher. Vicodin is first noted in progress report dated 03/13/15. It is not clear when opioids were initiated. As per progress report dated 03/20/15, medications help reduce pain from 7-9/10 to 5/10. The patient is able to perform ADLs and work with medications. As per progress report dated 07/22/15, the patient is able to stand and walk for less than 10 minutes without medications, and for 20 to 30 minutes with medications. The patient is better able to do housework including light cooking. There are no adverse side effects or aberrant behavior. MTUS requires adequate discussion of the 4 A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior, for continued opioid use. Given the impact of the medication on pain and the patient's ability to work and perform ADLs, the request appears reasonable and IS medically necessary.

**Soma 350mg #30 Rx date: 7/22/15: 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:** The 42 year old patient complains of neck and lower back pain with radicular symptoms, as per progress report dated 06/20/15. The request is for SOMA 350mg #30 Rx date: 7/22/15. The RFA for this case is dated 07/22/15, and the patient's date of injury is 11/25/05. Diagnoses, as per progress report dated 06/20/15, included Trigeminal neuralgia, cervical spondylosis with myelopathy, radiculopathy, intervertebral disc disorder of the lumbar region with myelopathy, and sciatica. Current medications included Soma, Vicodin, Provigil, Rifampin, Armour thyroid, Diflucan, Doxycycline, Omnicef, Wellbutrin, Lidoderm patch, Xanax, Motrin, Ibuprofen, and Flector patch. Diagnoses, as per progress report dated 07/22/15, included cervical sprain/strain with upper extremity radiculopathy, Thoracic sprain/strain, and lumbar sprain/strain with lower extremity radiculopathy (other diagnoses are difficult to decipher). The patient is on modified duty, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: 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. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "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. In this case, several progress reports are handwritten and difficult to decipher. Soma is first noted in progress report dated 03/13/15. It is not clear when the muscle relaxant was initiated. As per progress report dated 03/20/15, medications help reduce pain from 7-9/10 to 5/10. The patient is able to perform ADLs and work with medications. While Soma appears to be part of a regimen that is benefiting the patient, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.