

<b>Case Number:</b>	CM15-0190794		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Hawaii  
 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 50-year-old female, who sustained an industrial injury on 3-29-2000. A review of the medical records indicates that the injured worker is undergoing treatment for industrial thoracic, chronic pain syndrome, and lumbar pain status post two failed surgeries. The Treating Physician's report dated 9-3-2015, noted the injured worker was decreasing her methadone from 4 a day to 2 a day, continuing to take 9 Oxycodone three times a day and 3 Valium three times a day. The injured worker reported that she felt she had "hardware that is rubbing", spending all of her time in bed. The injured worker noted that her pain medications allowed her to function although she had no quality of life. Prior treatments have included lumbar surgeries, epidural steroid injections (ESIs), physical therapy, and medications including Norco, Elavil, Neurontin, Soma, Relafen, Wellbutrin, Cymbalta, and Prozac. The treatment plan was noted to include prescriptions for methadone, Oxycodone, Valium, prescribed since at least 2-25-2015, and Soma, prescribed since at least 2-25-2015, with new prescription for Effexor. The Physician noted the injured worker would also be a good candidate for Lyrica, having not done well on Neurontin and Topamax in the past. The request for authorization was noted to have requested one prescription for Methadone #56, unknown prescription of Oxycodone, one prescription of Effexor 37.5mg, one prescription of Valium 5mg, unknown prescription of Soma, and one prescription of Lyrica 50mg. The Utilization Review (UR) dated 9-17-2015, certified the requests for one prescription for Methadone #56, unknown prescription of Oxycodone, and one prescription of Effexor 37.5mg, and modified the requests for one

prescription of Valium 5mg to certification of Valium 5mg #30, unknown prescription of Soma to one prescription of Soma #20, and one prescription of Lyrica 50mg to one prescription of Lyrica 50mg #10.

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

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

#### **1 prescription of Valium 5mg: 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): Benzodiazepines.

**Decision rationale:** The patient presents with severe back pain. The current request is for 1 prescription of valium 5mg. The treating physician's report dated 10/05/2015 (2C) states, "She is taking Diazepam 3 PO BID. I think that pt is doing well and my recommendation is not to wean medications; as I think that it is not likely to cause significant improvement in her level of functions. Pt is on very high doses of pain medications for this. Will continue with current medications. I think that pt's quality of life and ability to function would be affected by her having fewer medications." The MTUS guidelines page 24 on benzodiazepines states, "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." Medical records show that the patient was prescribed Valium prior to 05/2015. In this case, unspecified amounts of benzodiazepines are not supported by the guidelines. The current request is not medically necessary.

#### **Unknown prescription of Soma: 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).

**Decision rationale:** The patient presents with severe back pain. The current request is for Unknown prescription of Soma. The treating physician's report dated 10/05/2015 (2C) states, "She is also taking Soma 350mg PO QID. She reports that is the only thing that relaxes her muscles. She reports that when she takes it she is able to get out of bed more easily." The MTUS Guidelines page 29 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate -a schedule IV controlled substance. Medical records show that the patient was prescribed Soma prior to 06/2015. While the physician has noted medication efficacy, long-term use of carisoprodol is not supported by the guidelines. The current request is not medically necessary.

#### **1 prescription of Lyrica 50mg: 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, Pregabalin (Lyrica).

**Decision rationale:** The patient presents with severe back pain. The current request is for 1 Prescription of Lyrica 50mg. The treating physician's report dated 10/05/2015 (2C) states, "Pt is taking Lyrica. She reports that she thinks that it is not helping her pain but she is having no other adverse reaction to it." The MTUS Guidelines page 19 and 20 on Lyrica states, "Has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient was prescribed Lyrica on 09/09/2015. In this case, medication efficacy was not achieved while utilizing this medication. The current request is not medically necessary.