

<b>Case Number:</b>	CM15-0203090		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/27/2003
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 52 year old female who reported an industrial injury on 10-27-2003. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; cervical radiculopathy and spinal stenosis; thoracic or lumbosacral neuritis or radiculitis; displacement of lumbar inter-vertebral discs without myelopathy; cervicgia; lumbar pack pain; right shoulder pain; bilateral knee pain; anxiety; insomnia; and depression. No current imaging studies were noted. Her treatments were noted to include medication management. The pain management progress notes of 9-23-2015 reported: a visit for medication maintenance and that her current medication regimen continued to be helpful in increasing daily function without causing intolerable side-effects; no change in general health from the previous month; of muscle weakness, joint pain and stiffness, and of back pain; that she had gone a week without Cymbalta from it being denied, and felt better after resuming taking it; and of constant, spastic pain, rated 5-9 out of 10, in her bilateral arms, legs, neck, shoulders, hips, hands, knees and low back, and in her right buttock and thoracic spine; and that she was able to tolerate pain up to 9 out of 10 and that she was taking her medications as prescribed. The objective findings were noted to include: no acute distress and without signs of over medication, sedation or withdrawal; overweight; and the ability to transfer independently, unassisted, during the examination. The physician's request for treatment was noted to include the review of, and refills of, her current medication regimen, noted to include Soma 250 mg 3 x a day, #90; Tramadol HCL 50 mg, 1-2 tabs every 4-6 hours as needed, with a maximum of 5 tabs per day, #150; Xanax 0.5 mg 3 x a day as needed, #90; and Norco 10-325 mg, 1-2 every 4-6 hours as needed, with a maximum of 4 tabs per day, #120,

because they helped her with daily function. No Request for Authorization for: Soma 250 mg 3 x a day, #90; Tramadol HCL 50 mg, 1-2 tabs every 4-6 hours as needed, with a maximum of 5 tabs per day, #150; Xanax 0.5 mg 3 x a day as needed, #90; and Norco 10-325 mg, 1-2 every 4-6 hours as needed, with a maximum of 4 tabs per day, #120 was noted in the medical records provided. The Utilization Review of 9-9-30-2015 non-certified the request for: Soma 250 mg 3 x a day, #90; Tramadol HCL 50 mg, 1-2 tabs every 4-6 hours as needed, with a maximum of 5 tabs per day, #150; Xanax 0.5 mg 3 x a day as needed, #90; and Norco 10-325 mg, 1-2 every 4-6 hours as needed, with a maximum of 4 tabs per day, #120.

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

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

**Soma 250mg tablet TID PRN #90: 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 MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 250mg tablet TID PRN #90 is not medically necessary.

**Xanax 0.5mg tablet 1 tablet PO TID #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Xanax 0.5mg tablet 1 tablet PO TID #90 is not medically necessary.

**Tramadol HCL 50mg tablet 1-2 tablets every 4-6 hours PRN 5 maximum per day #150: 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 for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol HCL 50mg tablet 1-2 tablets every 4-6 hours PRN 5 maximum per day #150 is not medically necessary.

**Norco 10-325mg tablet 1-2 PO Q4-6 PRN maximum 4 per day #120:** 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 for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10-325mg tablet 1-2 PO Q4-6 PRN maximum 4 per day #120 is not medically necessary.