

<b>Case Number:</b>	CM15-0204850		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The 59 year old female injured worker suffered an industrial injury on 3-1-2010. The diagnoses included lumbar facet arthropathy, lumbar radiculopathy, left hip pain, carpal tunnel syndrome and left knee derangement. On 9-11-2015 the treating provider reported neck, low back, upper and lower extremity pain. The neck pain radiated down the bilateral upper extremities. The low back pain radiated down the right lower extremity. The upper extremity pain was in the left wrist, hand and fingers and in both elbows. The lower extremity pain was in the right knee. There were headaches as well. The pain was rated on average 10 out of 10 with and without medications as well as a report there was 30% improvement due to medication therapy. She reported the pain was worse since last visit. She had a facet radiofrequency rhizotomy at the lumbosacral region 3-3-2015 with no improvement. On exam the lumbar spine had spasms with tenderness with limited range of motion. Facet signs were present in the lumbar spine. There was tenderness of the bilateral shoulders, elbows and wrists. She reported areas of functional improvement as a result of medication were caring for the pet, combing and washing hair, dressing, mood, shopping, sleeping, standing in line and traveling. Capsaicin, Norco and Carisoprodol had been in use since at least 5-2015. The provider reported the CURES report was consistent. Diagnostics included urine drug screen 6-5-2015. The Utilization Review on 10-6-2015 determined non-certification for Norco 10/325mg #90, Capsaicin 0.025% cream #60 and Carisoprodol 350mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

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

**Decision rationale:** Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.

**Capsaicin 0.025% cream #60:** Upheld

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

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

**Decision rationale:** According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or Gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.

**Carisoprodol 350mg #30:** Upheld

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

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

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as carisoprodol) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP, they show no benefit beyond NSAIDs in pain and overall improvement and offer multiple side effects including sedation and somnolence. They are recommended for short term only due to side effects. In this case, the documentation supports that the patient has been treated with Carisoprodol for longer than the recommended amount of time. The continued use is not medically necessary.