

Case Number:	CM15-0209594		
Date Assigned:	10/29/2015	Date of Injury:	11/06/2007
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/24/2015

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 33 year old female who sustained an industrial injury on 11-06-2007. According to the most recent progress report submitted for review and dated 07-17-2015, the injured worker had a significant flare up of her low back pain and radicular symptoms over the past several weeks. She reported increased numbness and tingling of her bilateral lower extremities and aching of her buttocks. She received a Toradol injection, which helped to reduce her pain, but she continued to have some low back pain and radicular symptoms. A lumbar MRI had been approved. Pain was rated 8-9 on a scale of 1-10 without medications and 3 with medications. Medications tried and failed included Cymbalta and Gabapentin. Current medications included Norco 10-325 mg every 40 to 6 hours as needed, Duragesic patch 50 mcg per hour apply 1 patch every 72 hours, Soma 350 mg twice a day, Ambien 10 mg at bedtime, Prilosec 20 mg daily. Remeron 15 mg daily at bedtime and Albuterol aerosol. Impression included low back pain, lumbar discogenic pain syndrome, chronic pain syndrome, insomnia and myalgia and myositis. Her last MRI performed on 05-16-2013 showed a disc protrusion at L4-5 and mild bilateral facet arthrosis. She had a persistent flare up of her low back pain. Straight leg raise was positive bilaterally. There was reduced sensation of the bilateral L5 dermatome. There was pain with lumbar flexion and extension. There was some tenderness of the bilateral sacroiliac joint, right greater than left. She felt that current medications allowed her to remain functional including caring for her son. She could walk longer and sit longer. The provider noted that Fentanyl 50 mcg was at 120 MED due to its potency. The injured worker reported that she had tried lower potent medications in the past such as Morphine and developed

itching. The provider also noted that genetic testing supported that the Hydrocodone was metabolized at an altered rate. The treatment plan included Fentanyl 50 mcg every 72 hours, Norco 10-325 mg 5-6 times a day and Soma 350 mg twice a day. An opioid agreement was signed on 08-26-2013. Urine toxicology performed on 05-05-2015 was positive for Hydrocodone, Meprobamate and Fentanyl. The injured worker scored 1 (low risk) on the opioid risk assessment tool. CURES reports were noted as consistent on 06-25-2015. Functional improvement with medications included going to the gym, yoga, being active with her 3 ½ year old son, doing light yard work and household activities. Work status included no lifting over 10 pounds, no repetitive bending, stooping, squatting or lifting. Documentation submitted for review showed use of Duragesic patches and Soma dating back to 04-07-2015. The most recent urine toxicology performed on 07-17-2015 was noted as positive and consistent for use of opioids and negative and inconsistent for Meprobamate (Soma). On 09-30-2015, Utilization Review noncertified the request for Duragesic patches 75 mcg per hour #10 and Soma 350 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 75mcg/hr #10: 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: The patient presents with low back pain and radicular symptoms rated 8-9/10 without and 3/10 with medication. The request is for duragesic patches 75mcg/hr #10. The request for authorization form is not provided. MRI of the lumbar spine, 05/16/13, shows broad based disc protrusion at L4-5 impressing the anterior aspect of the thecal sac without central canal stenosis; mild narrowing of the inferior aspect of the right neural foramina without exiting nerve root compression; mild bilateral facet joint arthrosis. Patient's diagnoses include low back pain; lumbar discogenic pain syndrome; chronic pain syndrome; insomnia; myalgia and myositis. Physical examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is reduced in the bilateral L5 dermatome. Sacroiliac joints are tender to palpation bilaterally right greater than left. Patrick's sign and Gaenslen's maneuver are positive on the right side. There is trigger point tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinals. There is pain with lumbar flexion and extension. SLR elicits low back and buttocks pain. The patient is doing yoga and has found improvement with acupuncture. The patient is to continue with her TENS unit. The patient continues to feel that her current medications allow her to remain functional including caring for her son. She can walk longer and sit longer. She reported that she has had side effects including sedation and weight gain. There is no aberrant behavior. Patient's medications include Norco, Duragesic Patch, Soma, Ambien, Prilosec, Remeron, and Albuterol. Per progress report dated 07/17/15, the patient is on modified work. 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 4As (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, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 07/17/15, treater's reason for the request is "[the patient's] pain is a combination of nociceptive pain and neuropathic pain. [The patient's] pain is moderate to severe in intensity." Review of provided medical records show the patient was prescribed Duragesic Patch on 04/07/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Duragesic Patch significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing pain reduction with use of Duragesic Patch. There is discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/17/15, is provided for review. However, long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

Soma 350mg #60: 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 patient presents with low back pain and radicular symptoms rated 8-9/10 without and 3/10 with medication. The request is for soma 350mg #60. The request for authorization form is not provided. MRI of the lumbar spine, 05/16/13, shows broad based disc protrusion at L4-5 impressing the anterior aspect of the thecal sac without central canal stenosis; mild narrowing of the inferior aspect of the right neural foramina without exiting nerve root compression; mild bilateral facet joint arthrosis. Patient's diagnoses include low back pain; lumbar discogenic pain syndrome; chronic pain syndrome; insomnia; myalgia and myositis. Physical examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is reduced in the bilateral L5 dermatome. Sacroiliac joints are tender to palpation bilaterally right greater than left. Patrick's sign and Gaenslen's maneuver are positive on the right side. There is trigger point tenderness over the bilateral L4-5 and L5-S1 lumbar

paraspinals. There is pain with lumbar flexion and extension. SLR elicits low back and buttocks pain. The patient is doing yoga and has found improvement with acupuncture. The patient is to continue with her TENS unit. The patient continues to feel that her current medications allow her to remain functional including caring for her son. She can walk longer and sit longer. She reported that she has had side effects including sedation and weight gain. There is no aberrant behavior. Patient's medications include Norco, Duragesic Patch, Soma, Ambien, Prilosec, Remeron, and Albuterol. Per progress report dated 07/17/15, the patient is on modified work. MTUS, Muscle Relaxants Section, 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. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Soma on 04/07/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Soma #60 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.