

<b>Case Number:</b>	CM15-0216530		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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:

This is a 39 year old female who sustained a work-related injury on 11-10-14. Medical record documentation on 10-9-15 revealed the injured worker was being treated for intervertebral disc disorder without myelopathy, lumbar radiculitis and radiculopathy, and sacroiliitis. She reported a flare-up of right-side low back pain after a re-initiation of her chiropractic therapy. Her medication regimen included Soma 50 mg at bedtime (since at least 5-7-15) and Norco 10-325 mg (since at least 5-7-15). She denied side effects and showed no aberrant behavior related to her medication use. Her low back pain was rated 3 on a 10-point scale on average (7 on 7-7-15 and 8-12-15). Objective findings included a normal gait and tenderness to palpation over the bilateral lumbar paraspinal muscles. She had tenderness palpated over the right sacroiliac joint. Her treatment plan included continuation of Soma 250 mg, continuation of Norco 10-325 mg, and initiation of Lidoderm patch 5%. Previous treatment included steroid injections, physical therapy, Neurontin 300 mg, and chiropractic therapy. A request for Soma 250 mg at bedtime, Norco 10-325 mg and Lidoderm patch was received on 10-19-15. On 10-26-15 the Utilization Review physician determined Soma 250 mg at bedtime, Norco 10-325 mg and Lidoderm patch was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Soma 250mg at bedtime (DOS 10/09/2015): Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute new injury to support for its long-term use since at least May 2015. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective Soma 250mg at bedtime (DOS 10/09/2015) is not medically necessary and appropriate.

### **Retrospective Norco 10/325mg (DOS 10/09/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of Norco since at least May 2015 in terms of decreased pharmacological dosing, decreased

medical utilization, increased ADLs and functional status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Retrospective Norco 10/325mg (DOS 10/09/2015) is not medically necessary and appropriate.

**Retrospective Lidoderm patch (DOS 10/09/2015): 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): Lidoderm (lidocaine patch).

**Decision rationale:** The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Retrospective Lidoderm patch (DOS 10/09/2015) is not medically necessary and appropriate.