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| <b>Case Number:</b>   | CM15-0217117 |                              |            |
| <b>Date Assigned:</b> | 11/06/2015   | <b>Date of Injury:</b>       | 03/30/1993 |
| <b>Decision Date:</b> | 12/23/2015   | <b>UR Denial Date:</b>       | 10/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2015 |

### 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: Emergency 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 injured worker is a 62 year old female, who sustained an industrial injury on 03-30-1993. She has reported injury to the low back. The diagnoses have included lumbar post-laminectomy syndrome; recurrent disc at L3-4 with neural foraminal stenosis with neuropathic pain; depression and stress; gastrointestinal disturbance; and plantar fasciitis. Treatment to date has included medications, diagnostics, aquatic therapy, physical therapy, and surgical intervention. Medications have included Norco, Soma, Baclofen, Duragesic Patch, Elavil, and Prevacid. A progress report from the treating physician, dated 10-15-2015, documented an evaluation with the injured worker. The injured worker reported continued pain in the low back and legs and burning to the bilateral hips; the pain is rated an 8 out of 10 in intensity; her legs feel very heavy and ache constantly; nausea secondary to medications and spends most of the day in bed; knees are hurting secondary to altered gait; her right shoulder hurts from using the cane; she has to change to walker secondary to shoulder pain, knee, and hip pain; she uses ice; she was prescribed Baclofen for spasms which she obtained benefit with 20% decreased in pain and increased activity; she is getting worse with lack of medications; she is trying to do home exercise program, but has difficulty secondary to pain; she had made a moderate improvement with pool therapy; and her sleep is better and range of motion is improved. Objective findings included positive lumbar paravertebral spasm; shortened hip flexion; positive trigger points and spasms in the low back; straight leg raise is positive bilaterally; numbness to light touch in the posterior lateral thighs; antalgic gait with cane; difficulty with heel-toe walk; and favors right leg. The treatment plan has included the request for Norco 10-325mg #60; Prevacid 30mg #30; and Soma 350mg #45. The original utilization review, dated 10-23-2015, non-certified the request for Norco 10-325mg #60; Prevacid 30mg #30; and Soma 350mg #45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has consistently failed to document any improvement in pain or objective improvement in functional status opioids. Documentation still fails to do so. Documentation does not support request for Norco. The request is not medically necessary.

**Prevacid 30mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, PPIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Prevacid is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not on any NSAIDs. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. It is unclear why patient is prescribed prevacid. The request is not medically necessary.

**Soma 350mg #45:** 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:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Patient has been on muscle relaxants chronically. Claims to be not be able to tolerate other muscle relaxants is not a reason to prescribe this unsupported medication. The number of tablets is not consistent with plan for weaning. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Patient has been on muscle relaxants chronically. Claims to be not be able to tolerate other muscle relaxants is not a reason to prescribe this unsupported medication. The number of tablets is not consistent with plan for weaning. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.