

<b>Case Number:</b>	CM15-0031913		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	08/29/2002
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 52-year-old male patient, with a reported date of injury of 08/29/2002. The diagnoses include lower leg arthralgia, shoulder arthralgia, unspecified arthritis, low back pain, limb pain, migraine, and neck pain. Per the doctor's note dated 3/2/2015, he had complaints of low back pain, cervical pain, headache and coronary artery disease. The physical examination revealed lumbosacral spine tenderness. Per the doctor's note dated 1/8/2015, he had complaints of low back pain, cervical pain, headache and coronary artery disease. The physical examination revealed lumbar and cervical spine tenderness. The current medications list includes cyclobenzaprine, norco and meloxicam. He has had cervical MRI on 8/9/2006. He has undergone cervical surgery in 2013; lumbar surgery in 2003; left knee arthroscopic surgery; left shoulder arthroscopic surgery and partial amputation left index finger. He has had lab tests including CMP and PSA test on 1/16/2015 with normal results. The treating physician requested one prostate-specific antigen (PSA) total, Soma 350mg, with one refill, and Norco 10/325mg, with four refills. The rationale for the request was not indicated. Treatments have included oral medications. On 02/07/2015, Utilization Review (UR) denied the request for one prostate-specific antigen (PSA) total, Soma 350mg, with one refill, and modified the request for Norco 10/325mg, with four refills. The UR physician noted that there were no subjective or objective findings to suggest the injured worker may have an undetected condition that poses an immediate risk to life or health; there was no evidence of the effectiveness of Soma in reducing the injured worker's pain or spasm; and there was no documentation of functional improvement. The MTUS Chronic Pain Guidelines and the National Guidelines Clearinghouse were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PSA prostate-specific antigen test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS PubMedTI Screening and prostate-cancer mortality in a randomized European study. AU Schrader FH, Hugosson J, Roobol MJ, Tammela TL, Ciatto S, Nelen V, Kwiatkowski M, Lujan M, Lilja H, Zappa M, Denis LJ, Recker F, Berenguer A, Manen L, Bangma CH, Aus G, Villers A, Rebillard X, van der Kwast T, Blijenberg BG, Moss SM, de Koning HJ, Auvinen A, ERSPC Investigators SON Engl J Med. 2009;360(13):1320.

**Decision rationale:** CA MTUS and ODG do not address this request. PSA test is recommended for screening of prostate cancer in a male patient. A detailed genitourinary examination is not specified in the records provided. Evidence of dysuria or retention or frequency of urine is not specified in the records provided. Evidence of family history of prostate cancer is not specified in the records provided. The rationale for the PSA test in this patient is not specified in the records provided. The medical necessity of PSA prostate-specific antigen test is not fully established for this patient.

**Soma 350 mg with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated Treatment/Disability Duration Guidelines/Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 64.

**Decision rationale:** According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The CA MTUS chronic pain guidelines do not recommend soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented

improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. The medical necessity of Soma 350 mg with 1 refill is not established in this patient at this time.

**Norco 10/325 mg with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic Page(s): 76-80.

**Decision rationale:** According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects .Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325 mg with 4 refills is not established for this patient at this time.