

<b>Case Number:</b>	CM15-0034777		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/29/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 67 year old male, who sustained an industrial injury on 06/29/2007. On provider visit dated 01/20/2015 the injured worker has reported low back pain that radiated down both legs. The diagnoses have included symptomatic spondylolisthesis . Treatment to date has included physical therapy, medication, epidural and acupuncture. On examination, he was noted to have decreased sensation in the right L4-L5 and S1. Treatment plan included medication and possible surgery. On 02/11/2015 Utilization Review non-certified Voltaren 100 mg, thirty count, Soma 350 mg, sixty count and Norco 10/325 mg, ninety count. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 70 - 71 and 76 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with lower back pain, which radiates into the bilateral lower extremities rated 5-8/10. The patient's date of injury is 06/29/07. Patient is status post lumbar epidural steroid injection at dates and levels unspecified. The request is for Voltaren 100mg thirty count. The RFA is dated 01/28/15. Physical examination dated 01/20/15 reveals decreased sensation to the right L4, L5, and S1 dermatomes. No other physical findings are included. The patient is currently prescribed Norco, Soma, and Voltaren. Diagnostic imaging included lumbar MRI dated 01/02/13, significant findings include: "multilevel disc desiccation throughout the lumbar spine...small focal left extraforaminal annular tear and disc protrusion at L5-S1 without compression on the thecal sac." Patient is currently classified as temporarily totally disabled. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs " NSAIDs " in chronic LBP and of antidepressants in chronic LBP." Review of the medical file indicates the patient has been utilizing Voltaren since 2/4/14. MTUS page 60 also states, "a record of pain and function with the medication should be recorded." when medications are used for chronic pain. In regard to Voltaren for the management of this patient's lower back pain, the treater has not provided adequate documentation of medication efficacy to continue use. There is no discussion provided of analgesia or functional improvement attributed to this medication in case file. MTUS requires that a record of pain and function should be included when a medication is used for chronic pain. As no such record has been provided, the medical necessity of this medication cannot be substantiated. The request IS NOT medically necessary.

**Soma 350 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 70 - 71 and 76 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with lower back pain, which radiates into the bilateral lower extremities rated 5-8/10. The patient's date of injury is 06/29/07. Patient is status post lumbar epidural steroid injection at dates and levels unspecified. The request is for Soma 350mg sixty count. The RFA is dated 01/28/15. Physical examination dated 01/20/15 reveals decreased sensation to the right L4, L5, and S1 dermatomes. No other physical findings are included. The patient is currently prescribed Norco, Soma, and Voltaren. Diagnostic imaging included lumbar MRI dated 01/02/13, significant findings include: "multilevel disc desiccation throughout the lumbar spine...small focal left extraforaminal annular tear and disc protrusion at L5-S1 without compression on the thecal sac." Patient is currently classified as temporarily totally disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol - Soma, Soprodol 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to the requested Soma, the duration of this

medication's utilization exceeds guideline recommendations. Progress reports indicate that this patient has been receiving Soma since at least 09/24/14. There is no documentation of medication efficacy or functional improvements in the subsequent reports. Furthermore, MTUS guidelines do not support the use of such medications for periods of time longer than 2-3 weeks, the requested 60 tablets does not imply short duration use. Therefore, the request IS NOT medically necessary.

**Norco 10/325 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 70 - 71 and 76 - 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with lower back pain, which radiates into the bilateral lower extremities rated 5-8/10. The patient's date of injury is 06/29/07. Patient is status post lumbar epidural steroid injection at dates and levels unspecified. The request is for Norco 10/325mg ninety count. The RFA is dated 01/28/15. Physical examination dated 01/20/15 reveals decreased sensation to the right L4, L5, and S1 dermatomes. No other physical findings are included. The patient is currently prescribed Norco, Soma, and Voltaren. Diagnostic imaging included lumbar MRI dated 01/02/13, significant findings include: "multilevel disc desiccation throughout the lumbar spine...small focal left extraforaminal annular tear and disc protrusion at L5-S1 without compression on the thecal sac." Patient is currently classified as temporarily totally disabled. MTUS Guidelines 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 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. In regard to the request of Norco for the management of this patients intractable pain, treater has not provided adequate documentation of pain reduction and functional improvement to continue use. Progress notes provided indicate that this patient has been taking Norco since at least 03/05/13, though there is no documentation of pain relief or functional improvement attributed to this medication in the subsequent reports. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.