

<b>Case Number:</b>	CM15-0040941		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/21/1997
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: 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 52-year-old male, who sustained an industrial injury on 1/21/1997. He has reported feeling a "pop" in the low back while lifting. The diagnoses have included lumbar radiculopathy, muscle spasm, chronic lumbar pain, chronic bilateral knee pain, and degenerative disc disease. Treatment to date has included medication therapy, chiropractic treatments, and status post Intradiscal electrothermic therapy (IDET). Currently, the IW complains of back spasms. The physical examination from 2/24/15 documented bilateral tenderness and spasms of L3-5 and L5-S1, decreased Range of Motion (ROM). There was bilateral sacroiliac joint pain and a positive FABER sign. The plan of care-included continuation of a home exercise program, continuation with acupuncture therapy and medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids: Dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with back spasms. The request is for NORCO 10/325MG #120. The request for authorization is not provided. MRI of the lumbar spine, 08/18/10, shows multilevel disc bulges at L3-4 (7.1mm) and L4-5 (7.7mm). MRI of the right knee, 04/11/14, shows small joint effusion, minimal popliteal cyst, and no evidence of internal derangement. Examination of the lumbar spine shows decreased range of motion. There is positive FABER sign. Patient is able to walk 2 miles a day, goal is 3 miles. Patient walks with a cane and has a limp. Patient has had 8 acupuncture treatments. Patient's medications include Soma, Norco and Ambien. The patient is on modified work duty. 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not provide reason for the request. The patient is prescribed Norco since at least 03/14/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The patient presents with back spasms. The request is for SOMA 350MG #60. The request for authorization is not provided. MRI of the lumbar spine, 08/18/10, shows multilevel disc bulges at L3-4 (7.1mm) and L4-5 (7.7mm). MRI of the right knee, 04/11/14, shows small joint effusion, minimal popliteal cyst, and no evidence of internal derangement. Examination of the lumbar spine shows decreased range of motion. There is positive FABER sign. Patient is able to walk 2 miles a day, goal is 3 miles. Patient walks with a cane and has a limp. Patient has had 8 acupuncture treatments. Patient's medications include Soma, Norco and Ambien. The patient is on modified work duty. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, 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 provide reason for the request. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle

relaxants. However, patient is prescribed Soma since at least 03/04/14. Furthermore, the request for additional Soma quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.