

<b>Case Number:</b>	CM15-0052375		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/19/2002
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old male who reported an injury on 07/19/2002. The mechanism of injury involved an electrocution accident. The current diagnoses include psychiatric mental status determination and electrocution and nonfatal effects. The injured worker presented on 02/11/2015 for a follow-up evaluation. The injured worker noted ongoing pain from the top of the head to the toes, as well as shortness of breath, burning sensation, nausea, spasm, numbness, and tingling. The injured worker also reported headaches, and had been recently evaluated by a neurologist who recommended a referral to an internist and a cardiologist. Upon examination, the injured worker had difficulty rising from the wheelchair due to significant pain. The injured worker was unable to cooperate with the physical examination. Recommendations at that time included continuation of the current medication regimen of polyethylene glycol, Soma 350 mg, Xanax 0.25 mg, omeprazole 20 mg, Fioricet, and Norco 10/325 mg. Transportation to and from doctor visits was also recommended. A Request for Authorization form was submitted on 02/11/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) APAP 10-325mg, #90 tab one tab by mouth three times a day:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 115; 47-49, Chronic Pain Treatment Guidelines Page(s): 78; 80-81, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since 10/2014. There is no documentation of objective functional improvement. The injured worker continues to report multiple complaints. In the absence of objective functional improvement, the ongoing use of Norco 10/325 mg would not be supported. As such, the request is not medically necessary.

**Alprazolam 0.25mg #30 tab 1 tab dally as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The medical necessity for a benzodiazepine has not been established in this case. There was no comprehensive psychological examination provided. The injured worker has utilized the above medication since 10/2014. The guidelines do not support long-term use of benzodiazepines. Given the above, the request is not medically necessary.

**Soma 350mg #60 1 tab by mouth twice a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 10/2014. There is no documentation of objective functional improvement. There was no comprehensive physical examination provided. The medical necessity for the

requested medication has not been established. The guidelines would not support long-term use of this medication. Given the above, the request is not medically necessary.

**Fioricet 325-40-50mg #120, 1 every 6 hours as needed for headache, #120 Refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated 12/31/14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The California MTUS Guidelines do not recommend barbiturate containing analgesic agents. There is a risk of medication overuse as well as rebound headache. Therefore, the current request cannot be determined as medically appropriate in this case. It is also noted that the injured worker has utilized the above medication since 10/2014 without mention of functional improvement. Given the above, the request is not medically necessary at this time.