

<b>Case Number:</b>	CM15-0088387		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Pennsylvania  
Certification(s)/Specialty: Internal 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 61 year old female who sustained a work related injury on 12/19/11. She caught a patient who was slipping out of a shower chair causing severe pain in this injured worker's back, both arms, left shoulder and right knee. The diagnoses have included lumbago, chronic pain syndrome, lumbosacral disc disease, sciatica, pain in lower leg joint and pain in shoulder joint. The treatments have included acupuncture, massage, transcutaneous electrical nerve stimulation (TENS) unit therapy, physical therapy, trigger point injections, lumbar epidural steroid injection, and medications. Reports in 2014 and 2015 describe ongoing low back, neck, knee, and arm pain. In October 2014, it was noted that the injured worker reported that sometimes her left leg gives way, and that she had had a recent fall. Work status was temporarily totally disabled. Norco was prescribed since October 2014 and Soma was prescribed since December 2014. At a visit in March 2014, it was noted that norco causes mood disturbance and overall body swelling. Allergy to Norco with itchiness/hives/nausea was noted. In the PR-2 dated 4/1/15, the injured worker complains of low back and neck pain. She complains of right knee, bilateral epicondylitis and carpal tunnel pain. She rates her pain level at 6/10. Her pain level is 4-5/10 on medications and a 9/10 without medications. It was noted that the injured worker admits to current use of illicit drugs with THC (tetrahydrocannabinol) and that she has certification. Work status was noted as on disability. Medications included Lidoderm patches, ranitidine, somnicin, hydrocodone/acetaminophen, soma, and Ventolin inhaler. Medication was noted to improve analgesia greater than 50% and improve activities of daily living. It was noted that there were no signs of abuse or diversion and that the injured worker has been compliant with urine toxicology screening; results were not submitted. The physician noted that with current completed acupuncture sessions, there was pain relief and

increase in function, and 6 additional acupuncture sessions were requested. It was noted that the injured worker ambulates with the help of a walker. The treating physician documented that the injured worker needs a new walker as her present walker is old and weak and it causes her to lose her balance, and that she has tripped several times already. On 4/16/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back and neck pain. Hydrocodone / acetaminophen (Norco) has been prescribed for at least six months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals. Opioid contract was not discussed. Return to work was not documented. Results of drug testing were not submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies and chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It was noted that norco caused mood disturbance and body swelling, and an allergy to norco with itchiness / hives / and nausea was reported; however, the medication was continued. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as disabled, and return to work was not documented. Change in activities of daily living were not documented. Office visits have continued at the same frequency. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen was mentioned but the results were not submitted. The documentation states that this injured worker admits to current use of illicit drugs with THC (tetrahydrocannabinol). Concurrent use of alcohol or other illicit drugs is considered adverse behavior. Immediate discontinuation of opioids has been suggested for use of illicit drugs and/or alcohol. As currently prescribed, hydrocodone/acetaminophen does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) muscle relaxants p. 63-66 Page(s): 29, 63-66.

**Decision rationale:** This injured worker has chronic back and neck pain. Soma has been prescribed since December 2014. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to length of use in excess of the guidelines, and recommendation by the guidelines against use of soma for chronic pain, the request for soma is not medically necessary.

**Walker:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter: walking aids.

**Decision rationale:** The ODG recommends the use of walking aides such as canes for persons with knee pain or osteoarthritis. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Disability, pain, and age related-impairments determine the need for a walking aid. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the injured worker was noted to have lumbago and chronic knee pain. It was noted that the injured worker ambulates with the help of a walker. The treating physician documented that the injured worker needs a new walker as her present walker is old and weak and it causes her to lose her balance, and that she has tripped several times already. A fall was documented. The Utilization Review determination states that there is no indication that the injured worker was unable to walk or needed a walker; however, the documentation as described above is consistent with the need for a walker. The guidelines recommend use of a walking aid as noted. As such, the request for a walker is medically necessary.

**Acupuncture 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of

acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. In this case, there was documentation of prior treatment with acupuncture with resultant pain relief and increase in function, but specific functional improvement as defined by the MTUS was not described. There was no documentation of return to work, decrease in restrictions, improvement in specific activities of daily living, reduction in medication use, or decrease in frequency of office visits. There was no documentation of reduction or intolerance to pain medication, current participation in physical therapy, or plan for surgery. Due to lack of specific indication, and lack of functional improvement as a result of prior acupuncture, the request for Acupuncture 2 x 3 is not medically necessary.