

<b>Case Number:</b>	CM15-0231323		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Massachusetts

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:

This is a 63 year old male who sustained a work-related injury on 4-10-12. Medical record documentation on 10-16-15 revealed the injured worker was being treated for lumbar radiculopathy, plantar fascial fibromatosis, left foot hammer toe, and rheumatoid arthritis. He reported back pain and noted that his back symptoms are essentially unchanged. He reported moderate aching pain in the right low back with radiation of pain to the posterior right leg to the right thigh. His leg pain was constant and he had constant paresthesias of the right leg and right foot. He reported increasing pain in the bilateral shoulder. Objective findings included normal lumbar lordosis. He had slight to moderate pain to palpate of the right lumbar paraspinal muscles and palpation of the back revealed equivocal muscular spasm. His medication regimen included Lyrica 100 mg (since at least 4-21-15), Norco 10-325 mg and Soma 350 mg. Documentation on 10-16-15 and 9-4-15 indicated the injured worker's symptoms were not improving. A request for Soma 350 mg #60, Norco 10-325 mg #60 and Lyrica 100 mg #360 with three refills was received on 10-20-15. On 10-27-15, the Utilization Review physician determined Soma 350 mg #60, Norco 10-325 mg #60 and Lyrica 100 mg #360 with three refills was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma TAB 350mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in April 2012 when he noticed left foot pain when exiting his truck. In May 2013 he underwent an endoscopic left plantar fascia release. In January 2014 he underwent a right lumbar microdiscectomy and hemilaminectomy. In August 2015 an MRI of the lumbar spine that had been done in June 2015 showed resolution of a recurrent L4/5 disc herniation. In September 2015 current medications included Lyrica. When seen in October 2015 he had pain rated at 7/10. Physical examination findings included an antalgic gait. There was slight to moderate right paraspinal pain in the low back muscles. There were equivocal muscle spasms. Lyrica was refilled at 100 mg 4 times per day, #360 with three refills. Norco and Soma were prescribed. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.

**Norco TAB 10/325mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in April 2012 when he noticed left foot pain when exiting his truck. In May 2013 he underwent an endoscopic left plantar fascia release. In January 2014 he underwent a right lumbar microdiscectomy and hemilaminectomy. In August 2015 an MRI of the lumbar spine that had been done in June 2015 showed resolution of a recurrent L4/5 disc herniation. In September 2015 current medications included Lyrica. When seen in October 2015 he had pain rated at 7/10. Physical examination findings included an antalgic gait. There was slight to moderate right paraspinal pain in the low back muscles. There were equivocal muscle spasms. Lyrica was refilled at 100 mg 4 times per day, #360 with three refills. Norco and Soma were prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain.

There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. An assessment for efficacy and side effects would be expected at follow-up. Prescribing is medically necessary.

**Lyrica TAB 100mg, #360 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a work injury in April 2012 when he noticed left foot pain when exiting his truck. In May 2013 he underwent an endoscopic left plantar fascia release. In January 2014 he underwent a right lumbar microdiscectomy and hemilaminectomy. In August 2015 an MRI of the lumbar spine that had been done in June 2015 showed resolution of a recurrent L4/5 disc herniation. In September 2015 current medications included Lyrica. When seen in October 2015 he had pain rated at 7/10. Physical examination findings included an antalgic gait. There was slight to moderate right paraspinal pain in the low back muscles. There were equivocal muscle spasms. Lyrica was refilled at 100 mg 4 times per day, #360 with three refills. Norco and Soma were prescribed. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, there is no documentation of pain relief or improved function. The quantity being requested represents ongoing use at this dose for one year. The claimant was started on Norco and would need to be reassessed for efficacy and side effects from his medications at the next follow-up. For these reasons, the request is not medically necessary.