

<b>Case Number:</b>	CM13-0005302		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female who reported an injury on 01/20/1999. The mechanism of injury was not provided in the medical records. The patient has been diagnosed with lumbar radiculopathy, postlaminectomy syndrome of the lumbar spine, lumbar disc displacement, and myalgia and myositis. The patient's symptoms were noted to include low back pain, left lower extremity pain, and right shoulder pain. The patient had increased knee pain bilaterally due to falling, pain the left gluteal radiating down to the leg through to the left great toe, was noted to be weaning Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60 + 1 refill:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that carisoprodol is not indicated for long-term use. It has been stated this medication is highly susceptible to abuse for its sedative and relaxant effects. The chart notes indicate that the patient was being weaned off of the Soma

at her 07/02/2013 visit. As this medication is not recommended for long term use according to the California Guidelines, the request is not supported. For these reasons, the request is non-certified.

**Celebrex 200mg #30 + 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines state that nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain. It further states that acetaminophen is considered the initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. Additionally, there is no evidence of long term effectiveness for pain or function. The guidelines also state that for the treatment of back pain, NSAIDs are recommended as a second line treatment after acetaminophen. The clinical documentation failed to indicate the efficacy of the requested medication. Given the above, the request is non-certified.

**Clonazepam 1mg #60 + 1 refills:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that benzodiazepines are recommended for long-term use because long term efficacy is unproven and there is a risk of dependence. It is noted that most guidelines limit use of benzodiazepines to 4 weeks. The clinical documentation fails to support the long term use with exceptional factors and there is a lack of documentation of efficacy of the medication. As the guidelines indicate that this medication is not appropriate for long term use, the request is not supported. For this reason, the request is non-certified.

**Hydrocodone/Acetaminophen 10/325mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 91, 78.

**Decision rationale:** CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation indicated the patient was using the medication for long term treatment of pain and that the patient had no aberrant drug taking behaviors. The clinical documentation submitted for review indicated the patient's pain level with medications was 6/10, without medications 8/10, activity level with medications 0/10 to 1/10, and activity level with medications 0/10 and that the patient signed an opioid agreement and had appropriate urine drug screens. However, there was a lack of documentation of the patient's objective functional response to this medication and the efficacy of the requested medication. Therefore, the request is non-certified.