

<b>Case Number:</b>	CM14-0125567		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 injured worker is 58-year-old male who reported injury on 09/15/1997. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of complex regional pain syndrome, type 2, upper limb. Past medical treatment consists of insertion of spine neural electrode simulator, physical therapy, and medication therapy. The medications include Soma, Clonazepam, Catapres, Lyrica, and Norco. The urine drug screen was submitted on 06/30/2014 showing that the injured worker was in compliance with his prescriptions. On 06/17/2014, the injured worker complained of neuropathic pain in the left upper extremity. Inspection of the cervical spine revealed that alignment was normal. Soft tissue palpation on the right was tender at the paracervical, the trapezius, and levator scapula. Soft tissue palpation on the left revealed tenderness of the trapezius and levator scapula. The treatment plan is for the injured worker to continue the use of medication. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Soma 350 mg is not medically necessary. The California Medical Treatment Utilization Schedule does not recommend Soma. The medication is not indicated for long term or short term use. Soma is now scheduled in several states, but not on a federal level. It has been suggested that the main effect is due to generalized sedation in treatment of anxiety. The submitted reports did not indicate that the injured worker had a diagnosis of anxiety. The submitted documentation showed that the injured worker had been taking Soma since at least 04/04/2014. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Soma 350 mg is not medically necessary.

**Clonazepam 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Clonazepam 1 mg is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use and most guidelines limit use to 4 weeks. Given the above, it is not recommended by the MTUS that Clonazepam be given to the injured worker. It is only recommended for short term use. The documentation provided indicated that the injured worker had been taking this medication since at least 04/2014, exceeding the recommended guidelines of limit to 4 weeks. The submitted documentation also lack efficacy of the medication to support continuation. Furthermore, the request as submitted did not indicate the frequency or duration of the medication. As such, the request for Clonazepam is not medically necessary.

**Catapres #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

**Decision rationale:** The request for Catapres is not medically necessary. The Official Disability Guidelines state that Catapres is recommended after a lifestyle modification to include diet and exercise. The first line therapy recommended includes angiotensin converting enzyme inhibitor, Benazepril, Captopril, Enalapril, Lisinopril, Ramipril, angiotensin 2 receptor blocker, Losartan, Aliskiren, and Valsartan. The submitted documentation lacked any indication that the injured worker participated in an exercise plan. Upon examination, the injured worker's blood pressure

was 100/78. This documentation stated that it was a continuation of the medication. However, it did not provide the length of time that the injured worker had been prescribed this medication. The efficacy of the medication was not provided. The provider's request did not indicate a frequency or duration, or dosage of the medication. Furthermore, the provider also did not include a rationale as to continuation of the medication. As such, the request is not medically necessary.

**Lyrica 200mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS) Page(s): 16, 19-20.

**Decision rationale:** The decision for the request for Lyrica is not medically necessary. The California MTUS state Lyrica is an anticonvulsant that has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first line treatment for both. This medication is designated as a Schedule 5 controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The injured worker had no diagnosis of diabetic neuropathy or postherpetic neuralgia. Furthermore, there was no notation in the submitted report indicating that the injured worker had any type of anxiety. The submitted report dated 06/17/2014 lacked any clear objective findings to support ongoing neuropathic conditions which would reasonably require the use of an anticonvulsant. Although Lyrica is a first line recommended medication in the treatment of neuropathic pain, the documentation did not substantiate the use of this medication. Furthermore, the request as submitted did not specify a duration or frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Norco 5/325mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; On-Going Management; Opioids for chronic pain Page(s): 75, 78, 80.

**Decision rationale:** The request for Norco 5/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule guidelines state that opioids appear to be efficacious but limited for short term pain relief, and long term efficacy is unclear, but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of an alternative therapy. Following management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The California MTUS Guidelines also indicate that the use of

drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The guidelines state that an ongoing review and documentation of pain relief, functional status, and appropriate medication use with side effects should be included. A proper pain assessment should include current pain, the least reported pain period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. The documentation submitted for the injured worker did not indicate that the Norco was helping with any functional deficits. Furthermore, there was no assessment regarding current pain on visual analogue scale, average pain, intensity of pain, or longevity of pain. Additionally, the documentation lacked any indication that the medication was helping the injured worker continue activities of daily living. The UA submitted on 06/30/2014 shows that the injured worker was in compliance with the MTUS Guidelines. However, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.