

<b>Case Number:</b>	CM14-0135811		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/15/1991
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 57-year-old female who sustained an industrial injury on 02/15/1991. The mechanism of injury was not provided for review. Her diagnosis is chronic low back pain- s/p lumbar laminectomy. She continues to complain of increased low back pain. On exam there is decreased range of lumbar motion with resultant pain. Treatment has included medical therapy including opioid analgesics, non-steroidal anti-inflammatory medications, and muscle relaxants. The treating provider has requested Fentanyl 100mcg/hr patch # 10, and Soma 350mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 100mcg/hr patch, QTY: 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 91-97.

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: The documentation indicates the enrollee has been treated with opioid therapy with Fentanyl and Morphine for pain control. Per California MTUS Guidelines, Fentanyl is a potent analgesic 80-100 times more powerful than morphine. The treatment of chronic pain with any

opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The documentation indicates that tapering of the Fentanyl was attempted due to no reported increased response to the medication with a result in increased pain. A slower tapering process may be indicated but she should not continue on the present requested dose as there is no documentation that it has proved beneficial with pain reduction and increased functional ability. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

**Carisoprodol (Soma) 350mg, QTY: 90:** 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 California MTUS 2009 Page(s): 41.

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: Per the reviewed literature, Carisoprodol (Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per CA MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested treatment is not medically necessary.