

<b>Case Number:</b>	CM14-0141178		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/18/1997
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 a 39 year old female who reported injury on 06/18/1997. The mechanism of injury was a 6 foot fall to a concrete floor. Diagnoses included status post multiple lumbar spine surgeries resulting in fusion from L3-S1, L2-3 adjacent segment degeneration, L5-S1 stenosis, right S1 radiculopathy, failed back syndrome, bilateral greater trochanter bursitis, flat back syndrome, narcotic dependence, and depression. There was a lapse in treatment noted from September 2012 to July 2014, with a reported 45 day inpatient detox stay in May of 2013. The past treatments included pain management, Roxicodone, Ambien CR 12.5mg, Cymbalta 60mg, Xanax 2mg, gabapentin 800mg, Soma 350mg, Topamax 100mg, and Fentanyl 100mcg patch. A lumbar x-ray, dated 07/03/2014, revealed evidence of fusion from L3-S1, with hardware in good position, and mild disc space narrowing at L2-3. Surgical history noted 8 lumbar spine surgeries. The pain management note, dated 08/27/2014, noted the injured worker complained of constant low back pain, rated 7/10 on average, radiating down the back and side of her right lower extremity, and wraps around to the top of her foot, with numbness and tingling and occasional weakness. The physical exam revealed decreased lumbar range of motion secondary to pain, tenderness and guarding in the lumbar paraspinal musculature, a positive straight leg raise on the right, decreased sensation to the right lower extremity, and decreased muscle strength on extension of the right big toe. Medications included Gabapentin 800mg four times daily, and Topamax 100mcg four times daily. The treatment plan recommended the injured worker use Baclofen instead of Soma as a muscle relaxant, taper down the Neurontin and use Topamax alone for her neuropathic pain, and Butrans 10mcg patch to be changed every 7 days for her pain, citing the California MTUS guidelines state buprenorphine is recommended for the treatment of opioid addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction, and the Official Disability guidelines state the

buprenorphine transdermal (Butrans) is FDA approved for moderate to severe chronic pain. It was also recommended, given the imaging, physical exam and symptomatology related to the S1 nerve, that the injured worker have a right S1 nerve root block. The Request for Authorization form was submitted for review on 07/18/2014.

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

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

**Soma 350mg:** Upheld

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

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

**Decision rationale:** The request for Soma 350mg is not medically necessary. The injured worker had constant low back pain, rated 7/10, radiating down her right lower extremity with numbness and tingling and occasional weakness, and a recent history of narcotic dependence. The pain management treatment plan recommended the use of Baclofen instead of Soma as a muscle relaxant. The California MTUS guidelines state Soma is not recommended, and not indicated for long term use, with risk of dependence and abuse. The documentation indicated the pain management physician recommended the use of Baclofen instead of Soma. The injured worker has been prescribed this medication since at least 10/2012; the continued use of this medication would exceed the guideline recommendation for a short course of treatment. Furthermore, the intended frequency was not included to determine medical necessity. As such, the request is not medically necessary.

**Butrans' Patch 10mcg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Buprenorphine, Page(s): 76-77, 84, 94-95, 26-27..

**Decision rationale:** The request for Butrans patch 10mcg is not medically necessary. The injured worker had constant pain with imaging, physical exam and symptomatology related to the S1 nerve, and a recent history of narcotic dependence. The injured worker had a lapse in treatment for 2 years, during which she was noted to have undergone a 45 day inpatient detox treatment. The pain management treatment plan recommended a right S1 nerve root block to treat her neuropathic pain. The California MTUS guidelines recommend extended release opioids for treatment of continuous pain, after reasonable alternatives to treatment have been tried. Prior to initiation, it is recommended the patient set goals with the continued use of opioids being contingent upon meeting these goals, baseline functional measures should be made including, social, psychological, physical, and daily/work activity using a validated scale, and a

urine drug screening for the use of illegal drugs should be performed. The guidelines further state, if there are active signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately. The guidelines state that buprenorphine is recommended for the treatment of opioid addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The proposed advantages of the medication in terms of pain control include the following, no analgesic ceiling, a good safety profile, decreased abuse potential, and the ability to suppress opioid withdrawal, and an apparent hyperalgesic effect. There is a lack of evidence of assessment of the injured worker's current drug use. There is no indication of treatment goals, baseline functional measurements, or a urine drug screening having been obtained. There is insufficient evidence of failure of first line, non-narcotic medications, or physical therapy. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the previous, the use of opioids is not supported at this time. As such, the request is not medically necessary.