

<b>Case Number:</b>	CM14-0147599		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 11/01/2000. Reportedly she sustained injuries to her lower back pulling a binder from an upper level bookshelf. The binder was stuck and weighed approximately 6 or 7 pounds. The injured worker's treatment history included medications, lumbar facet injection, pain medications, fentanyl patches, MRI studies, and physical therapy. Within the documentation submitted, the provider submitted a utilization review treatment appeal letter regarding the denial of carisoprodol (Soma) 350 mg and fentanyl 100 mcg/hour back on 12/24/2013. The injured worker was evaluated on 07/01/2014 and it was documented that the injured worker continued to have significant low back pain with radiation to both lower extremities. She stated that she was having more pain than usual. However, she stated overall, she feels that her condition was stable. She stated that her pain will wax and wane depending on activity level. She continued with use of her medications for pain relief. She noted that this does also provide improvement in her function. She was able to walk and stand for longer periods of time. She continued to work full time as a supervisor for social services. She stated that if she did not have this medication her pain level would be too high and she would not be able to work at all. She stated that her pain level was decreased from 10+/10 without medications down to 7/10 to 8/10 with medications. There was a physical examination done on 08/22/2014 and it was documented that the injured worker complained of chronic low back pain. The injured worker reported that she was having flare of pain with the low back radiating down to her left lower extremity. It was stated that the medications help with her pain and function. She was tolerating her medications well without side effects. She stated without medications, the injured worker states that she would be in the hospital. The injured worker states she would not be able to work well secondary to chronic pain. The provider noted a

prescription for carisoprodol (Soma) 350 mg was prescribed for muscle spasms and fentanyl patch 10 mcg/hour #10 for pain relief; however, the request was denied. Lumbar spine examination revealed there was tenderness to palpation over L4-5 and L5-S1 facet joints bilaterally. Gait was normal. There was normal lordosis with no scoliotic deformity. There were muscle spasms in the low back. Lumbar extension was measured to be 10 degrees. Lumbar flexion was measured to be 50 degrees. Sensation was intact to light touch and pinprick bilaterally to the lower extremities. Extension was measured to be 10 degrees and lumbar flexion was measured to be 50 degrees. Straight leg raise was negative. Lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion, and extensor hallucis longus. Medications included Elavil 50 mg, fentanyl patch 100 mcg/hour, docusate sodium 100 mg, pantoprazole (Protonix) 20 mg, Ambien 10 mg, carisoprodol (Soma) 350 mg, and hydrocodone/APAP 10/325 mg. Diagnoses included cervical disc displacement without myelopathy, degeneration of lumbosacral disease, stenosis spinal lumbar, and lumbar disc displacement without myelopathy, lumbago, and fibromyalgia. Request for authorization dated 08/26/2014 was for carisoprodol (Soma) 350 mg and fentanyl patch 100 mcg. The rationale for Soma was to help reduce some pain and allow for greater function for the injured worker. Fentanyl patch was for baseline pain management for the injured worker.

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

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

**Retrospective DOS: 07/01/14: Carisoprodol - Soma 350mg QTY: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines 7/18/2009; Carisoprodol (Soma, S.

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

**Decision rationale:** The request is not medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend Soma for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol 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 and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In the documentation submitted, the provider indicated the injured worker was approved for 02/27/2014; however, in the documentation submitted, the injured worker has been utilizing this medication since 12/16/2013. Additionally, the request failed to include frequency and duration of medication. The request for Soma exceeds the guideline's recommendation for use of this medication. As such, the request for retrospective DOS: 07/01/2014: carisoprodol (Soma) 350 mg QTY: 120.00 is not medically necessary.

**Retrospective DOS: 07/01/14: Fentanyl patch 100mcg/hr QTY: 10.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): pages 44 , 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44, 47.

**Decision rationale:** The requested is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Per the documentation submitted the provider indicated the injured worker uses fentanyl patches for baseline pain management; without pain medication, her pain was 10+/10 on the pain scale and with medications including fentanyl patch she rated the pain as 7/10 to 8/10 on the pain scale. However, the injured worker has been using fentanyl patches since 12/24/2013 and guidelines Fentanyl patches should not be used as a first line therapy. Additionally, the request that was submitted failed to include duration and frequency of medication. As such, the request for retrospective DOS: 07/01/2014: fentanyl patch 100 mcg/hour QTY: 10.00 is not medically necessary.