

<b>Case Number:</b>	CM14-0173826		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/21/1998
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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 58-year-old male who reported an injury on 09/21/1998 after he tripped and fell on a step of the truck hurting his back and tailbone. Diagnoses included postlumbar laminectomy syndrome, lumbar radiculopathy, degenerative disc disease to the lumbar spine and status post IT pump placement. The MRI of the lumbar spine dated 01/05/2006 revealed postsurgical changes of the L4-S1 with bilateral pedicle screws, posterior plates and laminectomies, plus disc cages. No disc protrusion/bulging, spinal canal stenosis or foraminal stenosis was suspected. Prior treatments were exercise and medication. Medications included Prozac 20 mg, Rozerem 8 mg, hydromorphone 50 mg/mL, MS Contin 100 mg, Klonopin 0.5 mg and Soma 350 mg. The objective findings dated 09/04/2014 to the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and dorsal surgical scars. Range of motion was restricted with flexion limited at 50 degrees and extension limited at 5 degrees. On palpation paravertebral muscles, hypertonicity, spasms, tenderness and tight muscle bands was noted bilaterally. Motor testing was limited and secondary to pain. All the muscles were within normal tone. Ambulation is well with assistance of a cane. Prior surgeries included 3 back surgeries. The treatment plan included a refill for the MS Contin, Soma, and the Klonopin. The request for authorization dated 10/27/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 100mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

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

**Decision rationale:** The request for MS Contin 100 mg #150 is not medically necessary. The California MTUS Guidelines indicated that there should be documentation of objective functional improvement, an objective decrease in pain, pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes indicate that the injured worker had a urine toxicology done on 07/22/2010 that revealed methamphetamines, positive for benzodiazepines, tricyclic antidepressants. The urine toxicology dated 01/11/2011 revealed positive for gabapentin, hydrocodone, hydromorphone, and morphine. The injured worker's medications included hydromorphone and Dilaudid at 50 mg/mL for a total of 20 mg total for the IV pump along with MS Contin 100 mg tabs 4 times a day plus an extra tab in the evening the combination of the medication exceeds the 120 mg oral morphine equivalents per day. The current medications were greater than 500 mg daily. The 4 A's should apply with the aberrant drug behavior should be assessed. The clinician's note dated 12/03/2013 indicated that the injured worker reported his pain at a 6/10 to 7/10 with medication. His medication included the Soma, Klonopin, and the MS Contin. The 09/04/2014 clinician's notes indicated that his pain with pain medication was a 6/10 using the visual analog scale (VAS). The medication regimen has remained the same indicating there was no efficacy of the medications provided. Additionally, the request did not indicate the frequency. As such, the request is not medically necessary.

**Soma 350mg #30:** Upheld

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

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

**Decision rationale:** The request for Soma 350 mg #30 is not medically necessary. The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary action metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of the meprobamate. Soma's abuse has been noted in order to augment or alter effects of other drugs including the following: to increase sedation of benzodiazepines or alcohol use, to prevent side effects of cocaine, used with tramadol to promote relaxation and euphoria and in a combination with hydrocodone an effect that some abusers claim it is similar to heroin referred as the "Las Vegas cocktail" or the "Soma coma." The injured worker has tested positive for medications that were not documented to be prescribed including methamphetamines in the urinalysis. It is also documented that the

injured worker has been taking the Soma since 12/30/2013 along with the hydrocodone. The guidelines do not recommend the use of the Soma. Additionally, the request did not address the frequency. As such, the request is not medically necessary.

**Klonopin 0.5mg #60:** 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 request for the Klonopin 0.5 mg #60 is not medically necessary. The California MTUS does not recommend benzodiazepines for long term use because the long term efficacy is unproven and there is a risk of dependency. Most guidelines limit it to 4 weeks. The documentation indicates that the injured worker has been taking the Klonopin since at least 12/03/2013. The clinician's notes dated 07/18/2014 stated to "discontinue the Klonopin". The request also indicates a refill for 60 tablets which exceeds the limit use of 4 weeks. Additionally the request did not indicate frequency. As such, the request is not medically necessary.