

<b>Case Number:</b>	CM14-0093119		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/26/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Family Practice and is licensed to practice in Texas. 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 60 year old male who reported an injury on 11/26/2000. The mechanism of injury reportedly occurred while participating in tactical assault training when he twisted his lower back and left leg. The injured worker has diagnoses of lumbar degenerative disc disease and lumbar sprain. Prior treatment has included medications. The diagnostic studies and surgical history were not provided. The clinical notes provided were handwritten and difficult to decipher. On 04/28/2014 it appeared to show the injured worker was 2 months early because he was having trouble getting his medications. The current medications included Norco, Soma, and Celebrex. The treatment plan included 3 months of refills for his medications. On 07/15/2014, it was noted that Soma had been denied. The injured worker reported living in more pain with worsened low back and bilateral sciatic pain. The request is for Hydrocodone 10/325 #720, Soma 350mg #270, and Celebrex 50mg #180. The rationale for the request was not provided. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 #720:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The injured worker complained of pain to the lumbar spine and down the right side. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects for injured workers taking opioids. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation indicating the injured worker has improved function and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation indicating urine drug screening has been performed. In addition, the request does not indicate the frequency at which the medication is prescribed. Without documentation of significant pain relief, objective functional improvements, appropriate medication use, and side effects, the request for 3 months of refills is not supported. Therefore, the request for Hydrocodone 10/325 #720 is not medically necessary.

**Soma 350mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Carisoprodol (Soma) Page(s): 64; 29.

**Decision rationale:** The injured worker complained of pain to the lumbar spine and down the right side. The California MTUS Guidelines state that Soma is not recommended and not indicated for long-term use. This medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines state Soma is not recommended and is not to be used for longer than 2-3 weeks. The medical records provided indicate a prescription for Soma since at least 01/14/2014. The guidelines state Soma is not recommended and is not indicated for long-term use. Therefore, continued use is not supported. In addition, the frequency of the requested medication was not provided. Therefore, the request for Soma 350mg #270 is not medically necessary.

**Celebrex 50mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The injured worker has diagnoses of lumbar degenerative disc disease and lumbar sprain. The California MTUS guidelines recommend the use of NSAIDs as an option for short-term symptomatic relief of chronic low back pain. The guidelines state NSAIDs are generally recommend at the lowest dose for the shortest period of time. There is a lack of documentation of a measured assessment of the injured worker's pain level. The requesting physician's rationale for the request is not indicated within the provided documentation. The medical records provided indicate a prescription for Celebrex since at least 01/14/2014. The guidelines recommend NSAIDs for short-term treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore the request for Celebrex 50mg #180 is not medically necessary.