

<b>Case Number:</b>	CM14-0094584		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/26/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Occupational Medicine 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 patient is a 50-year-old male, who has submitted a claim for herniated disc, lumbar spine; right shoulder sprain and carpal tunnel syndrome, right wrist associated with an industrial injury date of April 26, 2005. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the lumbar spine, right shoulder and right wrist. Physical examination of the lumbar spine revealed tenderness over the paravertebral musculature, bilaterally. Tenderness was noted over the right biceps tendon with spasm. There was also decreased sensation to light touch on thighs, legs and feet as well. Straight leg raise (SLR) produces pain in the lumbar spine bilaterally. MRI of the lumbar spine done on March 4, 2013 showed disc bulge, severe bilateral facet hypertrophy and mild narrowing of the central canal at the level of L4-L5. There was also posterior disc bulge noted at L5-S1 with moderate bilateral facet hypertrophy, mild central canal narrowing and mild right neural foraminal narrowing. Treatment to date has included Voltaren (since October 2013), cyclobenzaprine, Carisoprodol (since February 2014), hydrocodone, Xanax (since 2013), tramadol, Fexmid, and Tylenol. Utilization review from June 16, 2014 denied the request for Voltaren because it was non-certified on previous peer review. The request for Carisoprodol was also denied because of the lack of indication for its continued use. Norco and Ultram were denied because it did not fulfill the criteria regarding the 4A's of opioid management. Xanax was denied because there was no rationale justifying its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg one tablet #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67.

**Decision rationale:** As stated on page 67 of the MTUS Chronic Pain Medical Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In this case, records show that the patient has been on Voltaren since October 2013. However, there was no noted pain relief or functional improvement on the patient. Long-term use is likewise not recommended. Therefore, the request for Voltaren XR 100mg one tablet #60 is not medically necessary.

**Carisoprodol 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29,65.

**Decision rationale:** As stated on pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma is not indicated for long-term use. 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 this case, documents reviewed showed that the patient was on Carisoprodol since February 2014. There was also no functional improvement noted despite its use. In addition, Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Long-term use is likewise not recommended. Therefore, the request for Carisoprodol 350mg #60 is not medically necessary.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** As stated on pages 78-81 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication

use, and side effects. Given the 2005 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for hydrocodone and tramadol. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as the MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

**Ultram ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the 2005 date of injury, the duration of opiate use to date is not clear. In addition, there was no urine drug screen report reviewed used for monitoring the compliance to Norco or a pain contract prior to the initiation of treatment. There was also no improvement in the functional status of the patient or an improvement in the ADLs. Therefore, the request for Ultram ER 150mg #60 is not medically necessary.

**Xanax XR 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient has been on Xanax since 2013 based on the documents submitted. The duration that the patient has been on Xanax is beyond what the guideline recommends. In addition, no functional improvement was noted on the patient. Therefore, the request for Xanax XR 1mg #60 is not medically necessary.