

<b>Case Number:</b>	CM14-0098870		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Nevada. 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 records, presented for review, indicate that this 83 year-old individual was reportedly injured on November 5, 1999. The mechanism of injury was noted as removing a wheelchair from a truck. The most recent progress note, dated June 27, 2014, indicated that there were ongoing complaints of pain in the head, bilateral upper extremities, bilateral lower extremities, cervical spine, bilateral shoulders, thoracic spine, low back and abdomen. The physical examination demonstrated an 83 year-old female who displayed pain behaviors. The injured employee ambulated without a device, transferred slowly and had a steady broad-based gait. A decrease in lumbar spine range of motion was reported as well as tenderness to palpation in the lower back. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, chiropractic care, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg CR # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75 , 78, 93.

**Decision rationale:** As outlined in the MTUS, this medication is indicated when there is a need for around-the-clock analgesia. However, management of opioid medications should include the lowest possible dose, objectification of the utility, documentation of pain relief, and improved functional status. There is no notation of the efficacy or utility or the functional improvement associated with use of this medication. Furthermore, one does not note the opioid contract or a recent urine drug screen. Therefore, upon review of the progress note, there is insufficient clinical information presented to support the ongoing utilization of this medication and is considered not medically necessary.

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** As outlined in the MTUS, the chronic use of this medication requires an assessment of the current diagnosis, the effects of the other medications being employed, what other treatments have been attempted and the efficacy therein, and documentation of the functional improvement. Also noted are the possible side effects such as constipation, dizziness sedation, and if there is any indication for a urine drug screen. The multiple medications being employed are noted; however, the sequela is not addressed. Furthermore, there is no documentation of any functional improvement. However, there is encouragement as to increase the activities. Therefore, based on the clinical information presented for review and by the parameters noted in the MTUS, the medical necessity for the continued use of this medication has not been established and is considered not medically necessary.

**Soma 350mg # 180:** Upheld

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

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

**Decision rationale:** As outlined in the MTUS, this medication is "not recommended". Furthermore, this is specifically not indicated for long-term use. When noting the active metabolite (meprobamate), the side effect profile currently argues against the chronic or indefinite use of this medication. The findings on physical examination state there is no noted efficacy or utility with this medication. Therefore, this request is considered not medically necessary.

**Lidocream 4% 30 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** The use of this topical preparation is indicated for those individuals who demonstrated failure of first-line interventions. There is no notation that there has been a failure and the medication list includes ongoing use of other oral preparation. Therefore, based on the clinical data presented, this request is not medically necessary.

**Senna 8.6-50mg tab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** As outlined in the MTUS, this is a stool softener indicated for the treatment of constipation. While noting that the individual had been on long-term narcotics, there is no indication that constipation is a sequela of this medication. There are no physical examination findings, or any other objective parameters noted to suggest that constipation is an issue. As such, this request is considered not medically necessary.