

<b>Case Number:</b>	CM14-0143384		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 55-year-old woman who sustained a work-related injury on August 16, 2010. Subsequently, she developed chronic low back, knee and hip pain. According to a follow-up report dated July 11, 2014, the patient reported that since her last visit, she has been experiencing increased pain in her lower back with significant radicular symptoms to both lower extremities, especially along the anterior medial thighs bilaterally. She rated her low back pain as a 9/10 in intensity. The patient stated that her ongoing bilateral knee pain often exacerbates her lower back pain. The patient has had a lumbar epidural injection at the L2-3 level bilaterally, performed on September 12, 2013, which provided at least 4 months of benefit with improved mobility and activity tolerance. The patient did undergo arthroscopic surgery to her left knee on February 27, 2013 and did receive an intra-corticosteroid injection to her left knee, which provided at least 50% relief with the effects ongoing. The patient did undergo an arthroscopic surgery to her right knee on September 18, 2012 with subsequent revision in August of 2013. The patient also underwent a synvisc injection to her right knee on October 11, 2013 with 5 months of benefit. Examination of the posterior lumbar musculature revealed notable tenderness to palpation bilaterally with trigger points noted. The patient was able to forward flex bringing her fingertips to the level of her knees. extension was about 15 degrees. There was pain mostly on extension. Motor testing was equal in the lower extremities. The straight leg raise in the modified sitting position was notably positive bilaterally at about 60 degrees with radicular symptoms, left greater than right. Sensory examination to pinprick was decreased along the posterior lateral thigh and lateral calf on the right when compared to the left. Examination of the bilateral knees revealed

tenderness to palpation bilaterally along the medial and lateral joint lines. There was soft tissue swelling noted in both knees with no warmth or erythema appreciated. Crepitus was noted in both knees with general motion. There was a positive McMurray's test bilaterally. Examination was negative for collateral laxity and posterior drawer's sign. The patient was diagnosed with bilateral knee myoligamentous injury, left greater than right, with associated degenerative changes and meniscus tear; lumbar myoligamentous injury secondary to bilateral knee myoligamentous injury; right upper extremity myoligamentous injury including right shoulder and right wrist; and obesity.

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

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

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or excacerbation of lumbar pain. There is no justification for prolonged use of Soma.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these

outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.

**Valium 10mg #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:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation that the patient have insomnia.