

<b>Case Number:</b>	CM14-0212113		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 exact mechanism of injury was not specified in the records provided. The current diagnoses include sprain and strain of the lumbar region and s/p lumbar spine fusion at L4-5. Per the doctor's note dated 11/9/14, patient has complaints of low back pain at 3-7/10 with numbness and tingling and right lower extremity, stress, anxiety and depression. Physical examination revealed tenderness on palpation and muscle spasm, limited range of motion, positive Kemp's test, normal sensation and reflexes. The current medication lists include Xanax, Celexa, soma and Norco. The patient has had MRI of the low back on 8/8/12 that revealed disc protrusion and foraminal narrowing and degenerative changes. The patient's surgical history include lumbar spine fusion at L4-5 on 6/17/13. The patient was certified for 12 PT visits for this injury. She had received an unspecified number of the chiropractic visits for this injury. She had used a lumbar brace for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #90 is not established for this patient.

**Soma 350mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63.

**Decision rationale:** Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." Per the guidelines, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." The patient has a history of significant chronic low back pain with a history of lumbar fusion surgery in 2013. The patient has objective evidence of muscle spasm on exam. Also this pts condition is prone to acute exacerbations. The soma has been prescribed in a small amount of 60 tablets and no refills have been requested. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Additionally, the patient also has a history of anxiety and the sedation provided by the occasional prn use of Soma may provide additional

benefit in this patient. Therefore, the Soma 350mg #60 is deemed medically appropriate and necessary.

**Xanax 0.25mg #60:** Upheld

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

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

**Decision rationale:** Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines 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. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax 0.25mg #60 is not established.