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| <b>Case Number:</b>   | CM14-0218553 |                              |            |
| <b>Date Assigned:</b> | 01/08/2015   | <b>Date of Injury:</b>       | 07/26/2002 |
| <b>Decision Date:</b> | 03/05/2015   | <b>UR Denial Date:</b>       | 12/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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

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 injured worker is a 71-year-old female, with a reported date of injury of 07/26/2002. The result of the injury was low back pain, neck pain, and right knee pain. The current diagnoses include cervical degenerative disc disease and lumbar degenerative disc disease. The past diagnoses include acute flare of lumbar degenerative disc disease, lumbar facet arthritis, myofascial pain secondary to lumbar disc disease and facet arthritis, cervical degenerative disc disease with left cervical radiculitis, right medial knee pain, status post right total knee replacement, lumbar discogenic pain, and chronic pain. Treatments have included aquatic therapy, Tylenol #3 one tablet twice daily, Voltaren gel, Soma 350mg twice daily, and Tylenol 500mg. The progress report (PR-2) dated 10/21/2014 indicates that the injured worker was able to maintain her functional activities of daily living, as well as ambulation and do all of her light and moderate household chores, with the current medications. The injured worker complained of increased stiffness in her neck, upper back, lower back, and bilateral knees. She rated her pain a 2 out of 10. She also complained of right medial knee pain. The injured worker was independent with her self-care activities and was able to walk up to 2-3 blocks without stopping. The physical examination showed loss of lumbar lordosis, normal gait and posture, tenderness on palpation of the bilateral lower lumbar paraspinal, limited range of motion of the lumbar spine, bilateral patellofemoral crepitus with medial joint line tenderness, tenderness over the right medial joint line as well as the pes anserinus, and normal tone in both lower extremities. The treating physician indicated that the injured worker needed the oral medications for long-term management of her chronic pain to help maintain her functional mobility and activities of daily

living. The injured worker was retired. On 12/08/2014, Utilization Review (UR) denied the request for Tylenol #3 #60 and Soma 350mg #60. The UR physician noted that there was no documentation of symptomatic or functional improvement from the previous usage of Tylenol #3, no documentation of spasm relief from the use of Soma, and insufficient documentation contraindicating the use of non-steroidal anti-inflammatory drugs (NSAIDs) for the injured worker's current condition. The Chronic Pain Guidelines were cited.

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

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

#### **Tylenol no.3 #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this entire review was completed prior to and near the time of this request for renewal. Although it was reported that she was able to maintain her functional activities of daily living with her medications (Soma, Lidoderm, Tylenol #3), there was no separation of benefit between these. A report in the independent and direct effects of the Tylenol #3 on the worker's function (measurably) is required to justify continuation, which was not found in the documentation provided. Therefore, the Tylenol #3 will be considered medically unnecessary to continue.

#### **Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants AND Carisoprodol Page(s): 29, 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are

likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol.