

<b>Case Number:</b>	CM15-0117738		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/29/1998
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 64 year old, female who sustained a work related injury on 8/29/98. The diagnoses have included low back pain, lumbosacral radiculopathy, failed back surgery syndrome with drop foot in right foot and myofascial dysfunction. Treatments have included back surgery and medications. In the Workers' Compensation Pain Medicine Reevaluation Report dated 4/22/15, the injured worker complains of lower back pain radiating down both legs. She describes the pain as constant, moderate to severe, sharp, aching, and throbbing with associated numbness and tingling in right foot. She rates her pain level at this visit a 6-7/10. She states limitations on activities of daily living. She has tenderness to palpation in lumbar vertebral spine. She has pain with extension and flexion of the lumbar spine. The provider had a discussion with her on tapering down medications. She is not working. The treatment plan is for refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg Qty 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 80-91, 124.

**Decision rationale:** Per CA MTUS guidelines, Oxycodone is an opioid medication with the potential to be addictive. It is for the short-term use for pain relief. It is noted that the injured worker has been on this medication for a minimum of 3 months. There is no documentation of a change in pain level, how effective the Oxycodone has been in relieving her pain or any improvements made in functional capacity. The injured worker remains off work. There is no documentation noted about how she takes the Oxycodone in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. The submitted request does not include dosing or frequency. Additionally, documentation does not include a toxicology screen as recommended by the guidelines. The documentation does not support that opiate prescribing is consistent with the CA MTUS guidelines. Weaning of this medication should be considered before abruptly discontinuing due to possibility of withdrawal issues. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, or dosing information, this request for Oxycodone is not medically necessary.

**Norco 10/325 mg Qty 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 80-91, 124.

**Decision rationale:** In the CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. It is recommended for short-term use in clients with low back pain. "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication for at least 3 months. There are no documented changes in his functional capabilities from visit to visit. There are no improvements in pain levels. There is no documentation noted about how much of the medication he is using, how long it takes the medication to start working or how long any pain relief lasts. Documentation does not include a toxicology screen as recommended by the guidelines. The submitted request does not include dosing or frequency. Weaning of this medication should be considered before abruptly discontinuing due to possibility of withdrawal issues. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Norco is not medically necessary.

**Soma 350 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65, 105.

**Decision rationale:** Per MTUS guidelines, this medication is not indicated for long-term use. Evidence does not recommend Soma (Carisoprodol) for chronic use. It is recommended for treatment no longer than 2 to 3 weeks. "Carisoprodol is now scheduled in several states but not on a federal level. 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." Soma is an antispasmodic agent. She has been on this medication for at least 3 months. The submitted request does not include dosing or frequency. There is no documentation on how the Soma is working to help relieve her pain/spasms. There is no documentation that it helps to decrease her pain or to improve her functional abilities to complete activities of daily living. Therefore, the request for Soma is not medically necessary.

**Flexeril 10 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008)" She has been taking this medication for at least 3 months. She is taking this medication along with another muscle relaxant. The submitted request does not include dosing or frequency. The medication is being used without mention of how it is improving her pain level or functional capacity. There is no documentation in progress notes of a decrease in pain levels or an increase of functional abilities to perform activities of daily living with the use of this medication. Therefore, the request for Flexeril is not medically necessary.