

<b>Case Number:</b>	CM15-0124927		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Emergency 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 66 year old male, who sustained an industrial injury on August 16, 2001. The injured worker was diagnosed as having degenerative disc disease of the lumbosacral spine with bilateral intermittent left greater than right L4-L5 radiculopathy, spondylolisthesis of L4 on L5 and L5 on S1, and low back pain. Treatments and evaluations to date have included medication. Currently, the injured worker complains of ongoing low back pain, radiating down both lower extremities intermittently. The single physician's note submitted, the Primary Treating Physician's report dated May 19, 2015, noted the injured worker reported his pain as high as 7-8 on a 1-10 pain scale, but with his medications the pain was reduced to a 3-4. The injured worker's medications were noted to help him better perform his activities of daily living (ADLs) and improve his level of functioning with improved activities of bathing, vacuuming, mopping, dishwashing, and laundry as well as having sleep tolerable. The injured worker was noted to show no signs of abuse and remained compliant with use of his medications. Physical examination was noted to show pain to palpation from the mid spine at T5 through T11 and L1 through L5, left and right paraspinal musculature as well as mid-spine. Pain on palpation was noted to both greater trochanteric areas and both sciatic notches. Allodynia was noted in an L5 distribution to both lower extremities, right worse than left, with subjective complaints of pain with extension. The injured worker was noted to be retired. The treatment plan was noted to include continued exercise, and refill of medications including Norco, Soma, and Lodine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, quantity: 120, prescribed 6/2/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 81, 78, 80, 48, 124, 94, 76, 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted to have improved level of functioning with his medications. There was no documentation of a decrease in medical care with the injured worker's use of Norco. The documentation did not include a pain assessment that included the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the Norco, how long it took for pain relief, or how long the pain relief lasted. The record submitted did not include any indication of a pain agreement, or of a urine toxicology evaluation. The requested prescription did not include the daily dosage of the medication, and the medical record does not identify the injured worker's daily dose of the Norco. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Norco 5/325mg, quantity: 120, prescribed June 2, 2015.

**Carisoprodol 350mg, quantity: 90, prescribed 6/2/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63, 65.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Carisoprodol (Soma) is an antispasmodic, not recommended by the MTUS guidelines. Soma is not indicated for long-term use, recommended for no longer than a two to three week period. The documentation provided did not indicate the duration of the injured worker's treatment with the Soma. The Physician noted the Soma was for muscle relaxation and spasm, without objective documentation of a decrease in the injured worker's symptoms with any previous use of the Soma. The requested prescription did not indicate the frequency of use of the medication, and the medical record does not identify the ordered frequency of the Soma. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Carisoprodol 350mg, quantity: 90, prescribed June 2, 2015.