

<b>Case Number:</b>	CM15-0125695		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/23/2001
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/09/2015
<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: 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 60-year-old, male who sustained a work related injury on 7/23/01. The diagnoses have included status post right knee arthroscopy x 2, status post lumbar spine surgery, lumbar disc bulge and depression. Treatments have included medications, rest, activity modification, TENS unit therapy and heat therapy. In the PR-2 dated 4/16/15, the injured worker complains of constant lower back pain. He describes the pain as aching, stabbing and tight. He has pain that radiates to both legs. He rates this pain level a 9/10. He complains of constant pain in right knee. He describes the pain as aching, throbbing and hot. He states the knee locks up on him and gives out on him. He rates this pain level as a 9/10. He did not take any pain medicine before this visit and the pain levels are without medications. He complains of waking up at night due to pain, anxiety due to pain and loss of work, decreased muscle mass and strength and decreased energy levels. He has moderate lumbar paraspinal tenderness, muscle guarding and spasms bilaterally. He has moderate tenderness to palpation of the sacroiliac joints, sciatic nerve and sciatic notch bilaterally. He has decreased range of motion in lumbar spine. He has tenderness to palpation of the right knee. He has moderate tenderness at the medial and lateral parapatellar areas of right knee. He is not working. The treatment plan includes refill prescriptions for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-91, 124.

**Decision rationale:** Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "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." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<=70 days)." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication for over 5 months. Pain levels did not vary much from visit to visit. There are no documented changes in his functional capabilities. Documentation does not include a toxicology screen as recommended by the guidelines. The submitted request, Utilization Review or progress notes do not include dosing or frequency. 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, this request for Norco is not medically necessary.

**Soma 350mg #120 with 2 refills:** Upheld

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

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

**Decision rationale:** Per CA MTUS guidelines, Soma 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. Records support Soma has been taken for a minimum of 5 months. There is no documentation on how the Soma is working to help relieve his pain/spasms. Documentation does not support that Soma helps to decrease his pain or to improve his functional abilities to complete activities of daily living. Because there is no documentation of functional improvement the request for Soma is not medically necessary.