

<b>Case Number:</b>	CM15-0125957		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/16/1998
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male who sustained an industrial injury on 2-16-98. The mechanism of injury is not noted. Diagnoses noted are left L5 and S1 Radiculopathy, major depression with psychotic features, and chronic pain. In a progress report dated 9-18-14, a treating physician notes the injured worker reports back pain is driving his depression and that he is taking Norco and Soma and it is not sufficient. In a progress report dated 5-18-15, a treating physician notes the injured worker reports he is in severe pain and that Valium helps but he still gets very anxious and irritated. He requests to see the psychologist again. Objective findings noted are that mood is depressed and affect is constricted and anxious. Signs and symptoms noted are depressed mood, anxiety, anhedonia, loss of energy, sleep disturbance, hopeless- helpless, and impaired concentration. He is noted to be permanent and stationary. Medications are Valium 10 mg, Celexa 40 mg, Temazepam 60 mg, Norco, Advil, and Soma. There are no medication side effects. An upper extremity Nerve Conduction report dated 8-13-13 reveals an impression of a normal study of the bilateral upper extremities. The requested treatment is 2 Hydrocodone 10mg, 4 times a day for a quantity of 120 and Soma 350 mg, 3 times a day for a quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Hydrocodone 10mg 4 times a day, Qty 120 refill; not specified, submitted for diagnosis left L5 and S1 Radiculopathy as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Additionally there is no record of either appropriate UDS or an updated opioid agreement which is recommended for continued long-term usage. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.

**Soma 350mg 3 times a day, qty 90, refills not specified, submitted for diagnosis left L5 and S1 radiculopathy as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

**Decision rationale:** According to MTUS guidelines, anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.