

<b>Case Number:</b>	CM15-0171504		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/19/2001
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old female, who sustained an industrial injury on 09-19-2001. The injured worker was diagnosed as having myofascial pain syndrome, cervical radiculopathy-brachial neuritis, cervical spinal stenosis, degenerative facet disease-cervical, cervical post laminectomy syndrome, cervicgia and back pain-lumbar chronic, degenerative disc disease-lumbar spine and back pain-lumbar radiculopathy. On medical records dated 07-29-2015 and July 17, 2015, the subjective complaints were noted as suffering from headaches, pain in head, bilateral arms, bilateral legs, necks, bilateral shoulder, bilateral buttock, bilateral elbows, bilateral hips, bilaterally hands, left knee, bilateral low back and bilateral ankles-feet. There was a change on pain control noted, frequency of pain-spasticity was constant, and quality of pain-spasticity was aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. Pain was noted 5 out of 10 at its least and 8 out of 10 at its worst, averaging 6 out of 10. Pain was noted to be the worse at night and in the morning. Objective findings were noted as neck with a decreased range of motion and cervical spine tenderness to palpation. Cervical nodes were noted to have tenderness on right anterior nodes. Treatments to date included cervical epidural steroid injections, facet injections, Botox injections, home exercise program, therapy and medication. The injured worker was noted to have previous Botox injections that decreased her headaches, shoulder and neck pain, and resolving headaches 100% and increased her cervical spine range of motion and function by 50% lasting 3-6 months. The injured worker was noted to have difficulty falling and staying asleep. Current medications were listed as MSContin, Norco, Xanax, Ambien, Soma, Lidoderm and Colace. The injured worker was noted to be on Soma,

Norco and MSContin since at least 04-2015. The Utilization Review (UR) was dated 07-31-2015. A request for Soma-Carisoprodol 350mg #120, Norco-Hydrocodone-Acetaminophen 10-325mg #180, and MS Contin-Morphine Sulfate 100mg #90, and consultation with neurologist and Botox Injections. The UR submitted for this medical review indicated that the request for Soma-Carisoprodol 350mg #120 was modified, Norco-Hydrocodone-Acetaminophen 10-325mg #180 was modified, and MS Contin-Morphine Sulfate 100mg #90 was modified, consultation with neurologist and Botox Injections were non-certified.

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

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

#### **Soma/Carisoprodol 350mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, soma is a DEA Class IV muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the lumbar and thoracic spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request is not medically necessary.

**MS Contin/Morphine Sulfate 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request is not medically necessary.

**Consultation with a neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a neurology consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have recent neurological disease requiring consultation. The California MTUS guidelines address the issue of consultants by stating: If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps. This patient has not been documented to have any recent evidence of neurologic dysfunction, including tissue insult or nerve impairment. Chronic pain syndrome is not supported by neurological consultation. It is unclear what neurological consultation would do to benefit this patient based on the medical records. Therefore, based on the submitted medical documentation, the request is not medically necessary.

**Botox Injections 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Botox use for headaches and or cervical pain is not supported by MTUS guidelines. A cervical epidural sympathetic block is not the gold standard sympathetic for the treatment of CRPS as the rationale for its use was not clear and there was no indication that it would provide superior functional improvement to existing therapies. Therefore, based on the submitted medical documentation, the request is not medically necessary.