

<b>Case Number:</b>	CM15-0175002		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male who reported an industrial injury on 2-26-2001. His diagnoses, and or impression, were noted to include: status-post closed head injury with possible concussion; post-traumatic headaches and dizziness; probable post-traumatic partial complex seizures, currently resolved since 2006; cervical strain; initial nasal laceration with deviated septum, status-post septoplasty - mostly resolved; left wrist, hand, forearm and lumbosacral strain, with left radiculopathy (denied as original injury); and secondary depression. No current imaging studies were noted. His treatments were noted to include: ice therapy; medication management; and rest from work. The progress notes of 7-22-2015 reported: low back pain with numbness and radiation to the left lower extremity; neck pain; headaches and dizziness; memory difficulty; left wrist and thumb pain; difficulty with all activities of daily living due to continued pain; and depression with difficulty sleeping due to pain. Objective findings were noted to include: decreased sensation to the left foot, calf and index finger; a slow gait due to back and left lower extremity pain; decreased cervical and lumbar range-of-motion; positive left straight leg raise; the wearing of a left wrist brace, and tenderness of the dorsum and volar left wrist; that he did not use a pain specialist for medication management, but did so for procedures; a re-discussion of the issue about pain management consultation for possibility of other treatment options as well as consideration for taking him off opioids; a discussion regarding the possibility of weaning off medication with the injured worker stating that he had tried slowly weaning down over the previous month, but it resulted in increased difficulty doing his activities of daily living, and that other weaning attempts he had tried were not very successful, resulting in the conclusion

that he was better off continuing on long-term opioids; that he scored a 6 out of 64 on the opioid misuse measure, placing him at a very low risk for opioid misuse; and that he cannot be weaned off opioids because in the past those attempts have not been successful, also trial of non-opioids had not been successful to manage his chronic intense pain. The physician's requests for treatments were noted to include: the continuation of Norco 7.5-325 mg every 6 hours as needed for flare-up of pain, #120; the continuation of Soma 350 mg 4 x a day as needed for muscle spasm control, #120; and the continuation of Bio-freeze to be applied locally for pain relief. The Request for Authorization, dated 8-4-2015, was noted to include: the continuation of Norco 7.5-325 mg every 6 hours as needed for flare-up of pain, #120; the continuation of Soma 350 mg 4 x a day as needed for muscle spasm control, #120; and the continuation of Bio-freeze to be applied locally for pain relief. The Utilization Review of 8-19-2015 non-certified Norco 7.5 mg #120, Soma 350 mg #120, and Bio-freeze.

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

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

**Norco 7.5/325mg #120:** Overturned

**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, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in February 0901 and is being treated for radiating low back pain, neck pain, left wrist and thumb pain and secondary depression, insomnia, and cognitive difficulties. When seen, he was having ongoing difficulty with activities of daily living. He was having intermittent flare-up and was having pain over the last couple of weeks. Physical examination findings included decreased cervical and lumbar range of motion with tenderness and muscle spasms, left wrist tenderness and he was wearing a brace, positive left straight leg raising, and decreased left foot and left index finger sensation. There was a slow and unusual gait. Medications were refilled and being prescribed on a long-term basis. Norco is referenced as proving at least a 50% decrease in pain with improved activities of daily living and with past attempts at weaning having failed due to increased pain with decreased function. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved function and weaning attempts are referenced. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The claimant has a remote history of a work injury in February 0901 and is being treated for radiating low back pain, neck pain, left wrist and thumb pain and secondary depression, insomnia, and cognitive difficulties. When seen, he was having ongoing difficulty with activities of daily living. He was having intermittent flare-up and was having pain over the last couple of weeks. Physical examination findings included decreased cervical and lumbar range of motion with tenderness and muscle spasms, left wrist tenderness and he was wearing a brace, positive left straight leg raising, and decreased left foot and left index finger sensation. There was a slow and unusual gait. Medications were refilled and being prescribed on a long-term basis. Norco is referenced as proving at least a 50% decrease in pain with improved activities of daily living and with past attempts at weaning having failed due to increased pain with decreased function. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma was not medically necessary.

**Biofreeze:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Biofreeze cryotherapy gel.

**Decision rationale:** The claimant has a remote history of a work injury in February 0901 and is being treated for radiating low back pain, neck pain, left wrist and thumb pain and secondary depression, insomnia, and cognitive difficulties. When seen, he was having ongoing difficulty with activities of daily living. He was having intermittent flare-up and was having pain over the last couple of weeks. Physical examination findings included decreased cervical and lumbar range of motion with tenderness and muscle spasms, left wrist tenderness and he was wearing a brace, positive left straight leg raising, and decreased left foot and left index finger sensation. There was a slow and unusual gait. Medications were refilled and being prescribed on a long-term basis. Norco is referenced as proving at least a 50% decrease in pain with improved activities of daily living and with past attempts at weaning having failed due to increased pain with decreased function. Biofreeze Gel contains menthol which is used as a topical analgesic in

over the counter medications such as Ben-Gay or Icy Hot. It is recommended as an optional form of cryotherapy for acute pain. In this case, the claimant is being treated for chronic pain and Biofreeze is being prescribed on a long-term basis. There are other topical analgesics with generic availability that could be considered. Biofreeze Gel was not medically necessary.