

<b>Case Number:</b>	CM15-0178593		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/02/2000
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 2-2-2000. He reported a motor vehicle accident resulting in loss of consciousness and injuries to the low back, bilateral lower extremities, and left hand. Diagnoses include lumbar spondylosis, chronic pain syndrome, radiculopathy, cervical spondylosis without myelopathy, and wrist pain. Treatments to date include activity modification, medication therapy, physical therapy, and therapeutic joint injections and epidural and facet joint steroid injections. There was documentation of a failed spinal cord stimulator. The records documented a history of a drug rehabilitation, date unknown. Currently, he complained of ongoing pain in the neck, low back, and bilateral lower extremities associated with numbness, weakness, and tingling. The records documented on 6-9-15, that his "back went out two weeks prior and he was unable to walk." Pain was rated 5 out of 10 VAS. The provider documented medications "are helping". The records indicated current medications included three Norco daily, sometimes four tablets daily and is working to reduce further; and Soma twice a day. It was noted he was denied an updated MRI of the lumbar spine for wanted epidural steroid injections. On 8-4-15, the physical examination documented restricted range of motion in cervical and lumbar spines. There was tenderness at rhomboids and trapezius and the Spurling's maneuver was positive. The lumbar spine was tender with positive facet loading and positive straight leg raise tests. The left wrist was tender. There was decreased sensation and decreased strength noted in lower extremities. The physician documented medications increased the ability to self-care and decreased pain and that without medications, he was unable to function. The plan of care included medication management and consideration for transforaminal lumbar epidural injection in the future. The appeal requested authorization for Norco 10-325mg, one tablet every four to six hours as necessary, max four tablets daily, #120; and Soma 350mg

tablets, twice a day as needed, #60. The Utilization Review dated 8-11-15, modified the request to allow Norco 10-325mg #60 and Soma 350mg #30 to allow for weaning per the California MTUS Guidelines. The medication list includes Norco, Gabapentin, valium, and Soma. Per the note dated 8/3/15 the patient had complaints of low back pain, pain in lower extremity and neck pain. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, slow gait, positive facet loading test and positive SLR, decreased strength and sensation in lower extremity. The patient has had UDS on 6/22/15 that was positive for Hydrocodone and it was consistent. The patient had received an unspecified number of the PT visits for this injury. Patient had received over 15 ESIs, FRA and SCS for this injury.

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

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

**Norco 10/325mg, #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.

**Decision rationale:** Request: Norco 10/325mg, #120. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The patient had injury during a motor vehicle accident resulting in loss of consciousness and injuries to the low back, bilateral lower extremities, and left hand. Diagnoses include lumbar spondylosis, chronic pain syndrome, radiculopathy, cervical spondylosis without myelopathy, and wrist pain. There was documentation of a failed spinal cord stimulator. Currently, he complained of ongoing pain in the neck, low back, and bilateral lower extremities associated with numbness, weakness, and tingling. There was tenderness at rhomboids and trapezius and the Spurling's maneuver was positive. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, slow gait, positive facet loading test and positive SLR, decreased strength and sensation in lower extremity. Therefore there were significant abnormal objective findings. The patient has had UDS on 6/22/15 that was positive for Hydrocodone and it was consistent. Patient had received over 15 ESIs, FRA and SCS for this injury. Patient has had a trial of a muscle relaxant and Gabapentin for this injury. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/prn basis. The medication Norco 10/325mg, #120 is medically necessary.

**Soma 350mg, #60:** 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): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** Soma 350mg, #60. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The patient has had a chronic injury. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the request for Soma 350mg, #60 is not medically necessary.