

<b>Case Number:</b>	CM15-0065971		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female who sustained an industrial injury 9/25/2001. Her diagnoses, and/or impressions, include: lumbago; spondylolisthesis; spondylosis; pain in leg joint; thoracic/lumbar neuritis/radiculitis; and bilateral knee arthropathy, post-surgical effusion. No current magnetic resonance imaging studies are noted, however it was noted that bilateral knee magnetic resonance imaging studies were requested on 3/3/2015. Her treatments have included intra-articular steroid injection - left knee (11/25/14) - with excellent relief; and medication management. The progress notes of 3/3/2015 noted complaints that although the left knee felt quite a bit better, following the steroid injection of 11/25/2015, she stated it felt unstable and with a frequent stabbing pain in the kneecap. The physician's requests for treatments included Anaprox, Norco and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 500mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for Anaprox 500MG #120. Per 03/03/15 progress report, the patient is currently taking Naproxen, Norco, Soma, Glipizide, Atrovastatin, Synthroid, Citalopram, Metformin, Losarten, Allegra and Trazodone. The patient is retired. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, this patient has been utilizing Anaprox since at least 09/28/14. This patient presents with chronic low back pain for which the medication may be indicated. However, none of the reports discusses this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for Norco 10/325MG #120. Per 03/03/15 progress report, the patient is currently taking Naproxen, Norco, Soma, Glipizide, Atrovastatin, Synthroid, Citalopram, Metformin, Losarten, Allegra and Trazodone. The patient has been utilizing Norco since at least 09/28/14. The patient is retired. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

**Soma 320mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Muscle relaxants Page(s): 29, 63-66.

**Decision rationale:** The patient presents with pain and weakness in her lower back and lower extremity. The request is for Soma 320MG #90. Per 03/03/15 progress report, the patient is currently taking Naproxen, Norco, Soma, Glipizide, Atrovastatin, Synthroid, Citalopram, Metformin, Losarten, Allegra and Trazodone. The patient is retired. MTUS guidelines page 29 do not recommend Soma (Carisoprodol). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level). MTUS page 63-66 state, "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient has been utilizing Soma since at least 01/20/15. The treater does provide documentation regarding this medication's efficacy. However, this medication appears to have been used for a long-term. The treater does not explain that this is to be used for short-term. Given that the MTUS guidelines only support a short-term use of this medication (2-3 weeks), the request IS NOT medically necessary.