

<b>Case Number:</b>	CM15-0095379		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/26/1999
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 a 58 year old, female who sustained a work related injury on 1/26/99. She slipped and fell in a hallway while walking. She fell onto her right side. The diagnoses have included right and left hip pain, right and left hip strain/sprain and status post right and left hip surgeries. Treatments have included massage, oral medications and topical pain cream. In the PR-2 dated 4/7/15, the injured worker complains of frequent, moderate to severe, sharp, stabbing right hip pain. She has frequent to constant, severe, sharp, stabbing left hip pain. She has stiffness, heaviness and weakness radiating to lower back and legs with numbness. She gets pain relief from massage and medications. The treatment plan includes the continued use of medications, pain cream and a urine drug test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Soma (carisoprodol).

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

**Decision rationale:** The patient was injured on 01/26/99 and presents with right hip pain and left hip pain. The request is for soma 350 mg #90. There is no RFA provided and the patient's current work status is not provided. The patient has been taking Soma as early as 12/16/14. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3-week period." This has been noted for sedated and relaxant effects. The patient is diagnosed with right and left hip pain, right and left hip strain/sprain, and status post right and left hip surgeries (date of surgery not provided). Treatment to date includes massage, oral medications and topical pain cream. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 12/16/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid dosing calculator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 01/26/99 and presents with right hip pain and left hip pain. The request is for Norco 10/325 mg #120. There is no RFA provided and the patient's current work status is not provided. The patient has been taking Norco as early as 02/10/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A'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 for work, and duration of pain relief. The patient is diagnosed with right and left hip pain, right and left hip strain/sprain, and status post right and left hip surgeries (date of surgery not provided). Treatment to date includes massage, oral medications and topical pain cream. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before-and-after medication pain scales, no examples of ADLs, which demonstrate medication efficacy, and no discussions provided on adverse behavior/side effects. No validated instruments are used either. The patient had a urine drug screen conducted on 04/07/15 and was not consistent with her prescribed medications. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.

**Gabapentin 10%, Cyclobenzaprine, Bupivacaine 5% 210 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient was injured on 01/26/99 and presents with right hip pain and left hip pain. The request is for gabapentin 10%, cyclobenzaprine, bupivacaine 5% 210 grams. There is no RFA provided and the patient's current work status is not provided. The patient has been using this compounded cream as early as 02/10/15. MTUS guidelines have the following regarding topical creams (p 111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. The patient is diagnosed with right and left hip pain, right and left hip strain/sprain, and status post right and left hip surgeries (date of surgery not provided). Treatment to date includes massage, oral medications and topical pain cream. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, neither Gabapentin nor Cyclobenzaprine are indicated in a topical formulation. Therefore, the requested compounded medication is not medically necessary.

### **1 Urine Toxicology Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient was injured on 01/26/99 and presents with right hip pain and left hip pain. The request is for 1 urine toxicology screen. There is no RFA provided and the patient's current work status is not provided. The patient had a prior urine drug screen conducted on 04/07/15 and she was not consistent with her prescribed medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The 04/07/15 report states that the patient is taking Norco, Tramadol, Pantoprazole, and Soma. She had a prior urine drug screen on 04/07/15; however, she was not consistent with her medications. The treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. The physician does not

discuss what he is going to do with the inconsistent UDS results from 04/07/15. Opiate management requires not just obtaining the UDS, but discussing and acting on the inconsistent results. Furthermore, the requested opiates are being denied due to lack of adequate documentation and UDS's will not be needed. The request for another urine toxicology screen is not medically necessary.