

<b>Case Number:</b>	CM15-0097402		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 28-year-old female who sustained an industrial injury on May 16, 2014. She has reported pain to the left shoulder, low back, and left hip and has been diagnosed with lumbago, tear of the acetabular labrum, and strain of flexor muscle of the hip. Treatment has included medications, chiropractic care, activity modification, and physical therapy. Lumbar examination noted pain and tenderness to the low back with pain radiating down her left glute. She was able to flex, extend, lateral bend, and twist with some pain localized to her low back. She had deep pain to her right groin. The left hip noted pain to the left hip with palpation to the groin area. She had a positive impingement test with pain noted. She was unable to internally rotate without pain. The treatment request included Norco, soma, and zorvolex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; tear of acetabular labrum; and strain of flexor muscle of hip. The documentation shows Norco was prescribed as far back as January 5, 2015 (the earliest progress note in the medical record). Norco is continued February 2015 through April 14, 2015. The documentation does not contain evidence of objective functional improvement or functional gains. There were no risk assessments for detailed pain assessments. A urine drug toxicology screen was performed February 11, 2015 that was inconsistent for cannabis and alcohol. Consequently, absent clinical documentation effective functional improvement to support ongoing, long-term Norco, risk assessments and details pain assessments and attempted weaning, Norco 10/325mg # 90 is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago; tear of acetabular labrum; and strain of flexor muscle of hip. The documentation in the medical record shows Soma was prescribed as far back as January 5, 2015. This is the earliest progress note in the medical record and not necessarily the start date. The start date is uncertain based on the available records available for review. Soma was continued through April 14, 2015. There is no documentation demonstrating objective functional improvement. There was no evidence of spasm at the lumbar spine. There was no documentation of an acute exacerbation of chronic low back pain in the medical record. Soma is indicated for short-term (less than two weeks). The treating provider exceeded the

recommended guidelines by continuing to refill Soma from January 5, 2015 to April 14, 2014 (in excess of three months). Consequently, absent compelling clinical documentation and evidence of objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Soma 350mg #60 is not medically necessary.

**Zorvolex 35mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zorvolex (diclofenac) 35 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are lumbago; tear of acetabular labrum; and strain of flexor muscle of hip. The documentation shows Norco and Soma were first prescribed as far back as January 5, 2015. This is the earliest progress note in the medical record and not necessarily the start date for these medications. Norco and Soma was continued through April 14, 2015. There is no discussion, indication or clinical rationale for Zorvolex (diclofenac) in the medical record. Additionally, Diclofenac is not recommended as a first-line drug due to its increased risk profile. Consequently, absent clinical documentation with a clinical indication and/or rationale for Zorvolex, Zorvolex (diclofenac) 35 mg #60 is not medically necessary.