

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0141882 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 06/30/2009 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 08/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old female with a 6/30/09 date of injury. At the time (8/21/14) of the Decision for Carisoprodol/Soma 350mg #60 (7 day supply) and Hydrocodone/APAP 10/325MG #180 (22 day supply), there is documentation of subjective (low back pain; cannot bend, twist, or stoop secondary to pain and spasm) and objective (persistent right knee anterior cruciate ligament laxity, medial and lateral joint pain, and positive patellofemoral crepitation; tenderness to palpation over midline and along bilateral lumbar facet joints) findings, current diagnoses (spinal stenosis - lumbar, disc degeneration NOS, spondylolisthesis, internal derangement knee NEC, lumbosacral neuritis NOS, and lumbar/lumbosacral disc degeneration), and treatment to date (medication including Norco and Soma for at least 6 months). Regarding Carisoprodol/Soma 350mg #60 (7 day supply), there is no documentation of acute muscle spasms; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Soma; and the intention to treat over a short course (less than two weeks). Regarding Hydrocodone/APAP 10/325MG #180 (22 day supply), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol/Soma 350mg #60 (7 Day Supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of spinal stenosis - lumbar, disc degeneration NOS, spondylolisthesis, internal derangement knee NEC, lumbosacral neuritis NOS, and lumbar/lumbosacral disc degeneration. However, there is no documentation of acute muscle spasms. In addition, given documentation of treatment with Soma for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Soma use to date. Furthermore, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol/Soma 350mg #60 (7 day supply) is not medically necessary.

**Hydrocodone/Apap 10/325mg #180 (22 Day Supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is

documentation of diagnoses of spinal stenosis - lumbar, disc degeneration NOS, spondylolisthesis, internal derangement knee NEC, lumbosacral neuritis NOS, and lumbar/lumbosacral disc degeneration. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for prospective request for Hydrocodone/APAP 10/325MG #180 (22 day supply) is not medically necessary.