

<b>Case Number:</b>	CM14-0151994		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The injured worker is a 58 year old woman with a date of injury of 10/29/09. She was seen by her provider on 8/6/14 with 'quite a bit of pain'. She had a recent ankle fracture and surgical fixation. She was increased from flexeril to soma per the note. Her exam does not specify which joint was being examined but documented tenderness along the medial and lateral joint line bilaterally with extension to 170 degrees and flexion to 120 degrees bilaterally. She was tender along her cervical and lumbar paraspinal muscles as well as her shoulder. She was tender along the rotator cuff and biceps tendon bilaterally with mild weakness against resistance and a positive impingement sign. Her diagnoses included discogenic cervical and lumbar condition with facet inflammation and lumbar radiculopathy, bilateral shoulder impingement, internal derangement of left and right knee, element of stress, depression, insomnia and wrist joint inflammation on right with possible TFCC (Triangular Fibrocartilage Complex) tear. At issue in this review is the request for medications - morphine sulfate, Norco, soma and LidoPro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines July 18, 2009, Carisoprodol (Soma) Page(s): 29.

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

**Decision rationale:** This 58 year old injured worker has chronic pain with an injury sustained in 2009. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document significant pain, loss of functional status or a discussion of possible side effects to justify change from flexeril to soma. Muscle spasm is also not documented in the exam. The records do not support medical necessity for soma.

**LidoPro Lotion 4oz QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112-113.

**Decision rationale:** LidoPro cream is a compounded product consisting of capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are largely experimental with few randomized 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. This injured worker is also taking several other oral agents to control her pain. The records do not provide clinical evidence to support medical necessity for a non-recommended and compounded cream such as LidoPro.

**Morphine Sulfate ER 30mg, QTY: 80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 55 year old injured worker has chronic back pain with an injury sustained in 2009. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 fails to document any significant improvement in pain, functional status or discussion of side effects to justify long-term use. Additionally, the long-term efficacy of opioid for chronic back pain is unclear but appears limited. The medical necessity of morphine sulfate is not substantiated.

**Norco 10/325mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 55 year old injured worker has chronic back pain with an injury sustained in 2009. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 fails to document any significant improvement in pain, functional status or discussion of side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated.