

<b>Case Number:</b>	CM13-0009220		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/17/1999
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

A treating physician periodic report of 08/20/2013 notes that the patient presented for reevaluation of the spine. The patient was noted to be a 51-year-old man who had been under a lot of stress lately due to farming activities and who had intermittent good and bad days with his lumbar pain. That progress note indicates that the patient had received Celebrex recently from the pharmacy given a peer-review decision. The note indicated that the patient was willing to decrease his medication as tolerated. The patient was noted to be not working based on the labor market. On exam, the patient had 60% lumbar flexion or extension as well as 80% lumbar lateral movement. The treating physician recommended continuing Soma as well as continuing Norco 325/10 t.i.d. and continuing Lidoderm patch, Celebrex, and Colace. Follow-up was planned in 2 months. An initial physician review noted that carisoprodol is not recommended for long-term use. That review also notes that the patient was previously recommended to wean off Norco. The review notes that the patient had been successfully weaned off Norco and that the records did not establish that long-term use of opioids had resulted in functional improvement

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 340mg #120, 1 po 6 hours prn x1 refill prescription qty 180.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Carisoprodol (Soma), page 29, states, "This medication is not recommended for long-term use...Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The medical records at this time do not contain a specific rationale or benefit to support the use of this medication or to address the concerns addressed in the prior peer review decision. This request is not medically necessary or appropriate.

**Refill x1 Norco 10/325 #180 30 day supply, qty 180.00:**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The appeal letter or most recent progress note states that the patient is willing to reduce the dosage of medicine, but the physician does not specifically address the concerns of the prior reviewer and does not specifically establish a specific tapering schedule and discusses functional benefits of opioids only to a limited extent. Overall, the medical records do not meet the treatment guidelines and do not address the concerns addressed in a prior peer review. This request is not medically necessary and appropriate..