

<b>Case Number:</b>	CM13-0016330		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/23/1992
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 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 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:

This is a 52-year old gentleman with a date of injury of 2/23/92. The patient injured his back and right wrist when he was assaulted by a patient and pushed into an awkward position into a freestanding wardrobe closet. The patient failed conservative care and has had multiple back surgeries in 2000, 2004 and 2006. The 2006 surgery was a T10-12 decompression fusion and L4-5 decompression fusion. The patient was declared Permanent and Stationary on 3/07/06 with future medical care provision that included pain management. There is evidence of monitoring with UDS as well as checking of CURES. There is discussion of a pain contract. Request for Norco and Soma was submitted to Utilization Review on 7/18/13, and was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NORCO 10/325MG QTY: 90.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-96

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS and a pain contract is in place. Though this patient does not have malignant pain, the patient has failed back surgery syndrome, having undergone 3 lumbar spine surgeries and multilevel fusion. It is not likely that this patient will achieve reasonable pain management without opioid analgesics and does have AME support for chronic pain management. Medical necessity of Norco is established.

**PRESCRIPTION OF SOMA 350MG QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29.

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

**Decision rationale:** Guidelines do not recommend use of Soma for greater than a 2-3 week period. This drug is metabolized to a schedule IV controlled substance and has a high dependency profile with psychological and physical dependence. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. Medical necessity of Soma is not established.