

<b>Case Number:</b>	CM13-0017149		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/03/2003
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery 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:

This is a 51-year-old gentleman injured 09/03/03, sustaining an injury to the low back. A recent medical evaluation of 08/02/13 with a board certified PM&R/Pain Medicine physician indicated continued subjective complaints of bilateral low back pain with radiating buttock pain, numbness and bilateral lower extremity discomfort. He indicates that a recent request for MS Contin, Soma and Norco had been denied by carrier, but that a recent request for an epidural injection was supported. Physical examination findings at that date show positive lumbar discogenic maneuvers with 4+/5 bilateral tibialis anterior strength with intact sensation and the remainder of the examination negative. He was diagnosed with bilateral L4-5 radiculopathy with facet syndrome, lumbar disc protrusions and stenosis. Plan at that time was for appeal of the denied medications citing VAS score measurements of 5 out of 6 with utilizing medicine and 9-10 without. He indicates that the claimant is on an up-to-date pain contract describing no adverse reactions or functional decline. Epidural steroid injection was also recommended at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg p.o. t.i.d. p.r.n., #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.dir.ca.gov/dwc/MTUS/MTUS\\_RegulationsGuidelines.html](http://www.dir.ca.gov/dwc/MTUS/MTUS_RegulationsGuidelines.html),

<http://www.acoem.org/practiceguidelines.aspx>, and <http://www.odg-treatment.com>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®), Page(s): 29.

**Decision rationale:** Continued request for Soma would not be supported. Based on California MTUS Guidelines, Soma, a central acting muscle relaxant, is not recommended for long-term use. There is nothing to indicate any acuity to this individual's condition, exacerbation, or new injury such that would warrant the use of this medication.

**MS Contin 60mg, 1 Tab p.o. t.i.d. #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/dwc/MTUS/MTUS\\_RegulationsGuidelines.html](http://www.dir.ca.gov/dwc/MTUS/MTUS_RegulationsGuidelines.html), <http://www.acoem.org/practiceguidelines.aspx>, and <http://www.odg-treatment.com>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Page(s): 76-80.

**Decision rationale:** Based on California MTUS Guidelines, continued use of MS Contin would be supported. The use of this long-acting narcotic analgesic would be supported by appeal letter from treatment physician of 08/22/13 that indicated improvement in VAS pain scores with use of the medication. The provider documented that there was no evidence of misuse or adverse effects and noted functional improvement with usage. The continued role of this agent would be supported.

**Norco 10/325, 1 Tab p.o. q4h p.r.n. #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/dwc/MTUS/MTUS\\_RegulationsGuidelines.html](http://www.dir.ca.gov/dwc/MTUS/MTUS_RegulationsGuidelines.html), <http://www.acoem.org/practiceguidelines.aspx>, and <http://www.odg-treatment.com>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the use of Norco, however, would not be supported. The claimant is taking a substantially-high dose of MS Contin. There would be no current regimen or indication for use of a short-acting analgesic given the claimant's current clinical picture. Argument could be made for the discontinuation of all narcotics in this case; however, documentation of recent VAS pain score improvement by the treating physician would support the role of the longer-acting agent MS Contin. The role of Norco in this case would not be indicated given the claimant's current working diagnosis, physical exam findings and clinical picture.