

<b>Case Number:</b>	CM13-0017899		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Family Practice, has a subspecialty 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:

45 yr. -old female claimant sustained injury on February 1, 2008 resulting in chronic back pain. She had a diagnosis of acquired spondylolisthesis, sacroiliac sprain and lumbosacral radiculopathy. The recent examination report on December 23, 2013, indicated she had five of 10 pain. Her opioid medications improve her sitting and standing tolerance by 80%. Her examination findings include tenderness over the paravertebral regions as well as the right sacroiliac joint and restricted range of motion of the lumbar spine. She had positive favorite test, pelvic compression test and store test. Her analgesics included Nucynta extended release 200mg, Nucynta 50 mg immediate release, Trazodone, Soma, Terocin cream, amitriptyline, Norco, hydrocodone. She had been on Nucynta as well as Soma along with the other opioids such as Methadone and hydrocodone for several months with minimal change in pain scale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 50MG #224:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86-88.

**Decision rationale:** In this case the claimant had exceeded the recommended 120 mg equivalent of daily morphine use. Furthermore Nucynta is recommended a second line therapy. The claimant had been taking this along with first-line therapies of opioids. In addition with multiple opioid analgesics the pain scores had not fluctuated much nor had functional improvement. Nucynta as prescribed above is not medically necessary.

**SOMA 350MG #28:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOLOL (SOMA) Page(s): 29. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISPRODOLOL (SOMA), PAGE 29

**Decision rationale:** Based on the long-term use of Soma along with other opioids coupled with the risks and side effects noted above its use is not medically necessary.