

<b>Case Number:</b>	CM13-0027196		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 61 year old man who sustained a work related injury on October 16 2006. According to the August 14, 2013 note by ██████████, the patient developed a disabling back pain irradiating to both lower extremities. He also reported headache and neck pain. Physical examination showed decreased range of motion of the cervical and lumbar spine. His provider is requesting authorization to use Soma and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Norco 10/325mg #120 with additional refills (outpatient):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-92.

**Decision rationale:** According to MTUS guidelines, Norco as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. Furthermore, the provider did not document objective quantification of pain with the use of opioids. Therefore, the prescription of Norco10/325 (120) is not medically necessary.

**Pharmacy purchase of Soma 350mg #90 with additional refills (amount of refills not provided) (outpatient):** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. There is no clear report of muscle spasms in the patient file. Therefore, Soma 350 mg # 90 is not medically necessary.