

<b>Case Number:</b>	CM13-0027990		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 62-year-old male who reported an injury on 10/16/2006 due to cumulative trauma. The patient has had chronic low back pain radiating into the bilateral lower extremities. The patient was treated conservatively with biofeedback therapy and medications. The patient's most recent clinical findings included increased range of motion of the cervical and lumbar spine, a positive bilateral straight leg raising test causing axial back pain, tenderness to palpation over the posterior cervical and lumbar musculature. A thoracic MRI revealed degenerative changes in the lower cervical and mid thoracic spine. The patient also underwent an EMG study that revealed severe right-sided and moderate left-sided carpal tunnel syndrome. The patient's medications included Norco 10/325 mg 3 to 4 tablets every day and Soma 350 mg 1 tablet 3 times a day. The patient's diagnoses included cervical, thoracic, lumbar myoligamentous sprain/strain, and reactionary depression/anxiety. The patient's treatment plan included biofeedback therapy and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #30 with additional refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The prescription for Norco 10/325 mg #120 with additional refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued pain of the cervical and lumbar spine. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by functional benefit, pain relief, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review date of examination not provide any evidence that the patient receives functional benefit, pain relief, or is monitored for aberrant side effects. Therefore, continued use of this medication would not be indicated. As such, the requested prescription for Norco 10/325 mg #120 with additional refills is not medically necessary or appropriate.

**Soma 350mg, #90 with additional refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Carisoprodol (Soma®) Page(s): 29, 60.

**Decision rationale:** The requested prescription for Soma 350 mg #90 with additional refills is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule does not recommend the use of this medication due to a high risk of aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is regularly monitored for aberrant behavior. Additionally, there is no functional benefit or pain relief evidenced in the documentation submitted for review to support continuing use of this medication. As such, the requested prescription for Soma 350 mg #90 with additional refills is not medically necessary or appropriate.