

<b>Case Number:</b>	CM13-0028434		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/30/2001
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease, and is licensed to practice in New York. 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 59 year old male with a date of injury on 07/30/2001. He had a C4-C5 and C5-C5 discectomy and fusion. He also had lumbar surgery. On 08/31/2011, he had osteoarthritis of both hips. On 09/09/2011, he had hip, neck, and lumbar pain. At one point he was taking Norco 10/325 five times a day and it was elected to taper this dose to BID and then attempt to further wean the patient off this medication. He has degenerative changes of the cervical spine, lumbar spine and hips. He had decreased range of motion. Both Soma and Norco have been prescribed to this patient for years along with other opiates and muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF SOMA 350MG, #90 WITH 3 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**Decision rationale:** The MTUS guidelines note that Soma is recommended for up to 2 to 3 weeks. Neither the MTUS guidelines nor the FDA approved packet insert provide for long term use as in the request for 90 tablets with 3 refills.

**PRESCRIPTION OF NORCO 10/325MG, #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain (chronic back pain) Page(s): 80.

**Decision rationale:** Norco is an opiate. The MTUS guidelines note that opioids for chronic back pain appear effective but are limited to short term pain relief and long term efficacy is unclear (>16 weeks) but also appear limited. This employee has already been certified for tapering to BID previously in an attempt to wean from long term Norco. The guidelines further indicate that in patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (statistic limited by poor study design). Limited information indicated that up to one fourth of patients who receive opiates exhibit aberrant medication taking behavior.