

<b>Case Number:</b>	CM13-0072065		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 59-year-old female who reported an injury on 11/19/2012. The mechanism of injury was noted to be the patient was making coffee for the office and lifted a large [REDACTED] bottle to place it on the dispenser, the bottle started to fall and the patient scrambled to catch it, lost her balance and fell forward injuring her low back. The patient's medication history included opiates and muscle relaxants as of 05/2013. The patient's diagnosis is lumbar spinal stenosis. The documentation of 11/21/2013 revealed the patient continued to have pain in the low back with shooting-type pain to the lower extremities. The physical examination revealed the patient had spasms in the lower lumbar region. The treatment plan included Norco and Soma and referrals to 2 specialists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medications since 05/2013. There was lack of documentation of the above. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

**SOMA 350MG #120:** 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): 63.

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review indicated the patient had been taking the medications since 05/2013. There was lack of documentation of objective functional improvement. Given the above, the request for Soma 350 mg #120 is not medically necessary.