

<b>Case Number:</b>	CM14-0102050		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 70-year-old female with a 7/9/02 date of injury. The mechanism of injury was not noted. According to a 5/9/14 progress report, the patient complained of leg weakness, numbness, and pain. The patient stated her pain is 6/10 with medications. She has received benefit from spinal cord stimulator trial. She reported that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living. Objective findings: antalgic gait, diffuse lumbosacral tenderness to palpation, patient points to L4 as the center of her pain extending to bilateral hips and down posterior thighs, hypoesthesia and dysesthesia noted along lumbosacral region, bilateral buttocks, posterolateral legs and feet. Diagnostic impression: chronic low back pain; history of 3 lumbar spine surgeries, including fusion surgery, chronic thoracic back pain, history of spinal cord stimulator implant, chronic pain syndrome. Treatment to date: medication management, activity modification, spinal cord stimulator. A UR decision dated 6/17/14 denied the requests for Soma and Norco and certified the request for Gabapentin. Regarding Soma, an opportunity for weaning was provided on 10/1/13, the patient should have already been completely weaned from Soma by now. Regarding Norco, there was no submission of medication compliance guidelines including documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant and ongoing efficacy with medication use. Regarding Gabapentin, the claimant reports leg weakness, numbness, and pain rated 6/10 with medication. The claimant reports that chronic pain medication maintenance regimen, activity restriction, and rest continue to keep the pain within a manageable level and allow the claimant to complete the necessary activities of daily living.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol).

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. It is documented that the patient has been on Soma since at least 12/19/13. Guidelines do not support the long-term use of Carisoprodol. Therefore, the request for Soma 350 mg, QTY 90 was not medically necessary.

**Norco 10/325mg, qty 150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no ongoing documentation of significant pain improvement, such as VAS scores. In fact, the patient's pain is reported as unchanged in the progress notes provided for review. In addition, there is no documentation of an opioid pain contract or CURES monitoring. Therefore, the request for Norco 10/325 mg, qty 150 was not medically necessary.