

<b>Case Number:</b>	CM14-0107322		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 injured worker is a 59-year-old female who reported an injury on 01/07/2013. The mechanism of injury was not provided. On 08/21/2014, the injured worker presented with left leg pain. Upon examination, there was paraspinous disc tenderness from L1 to S1 and a scar consistent with her history. The injured worker was able to bend forward to about her knees and has the ability to walk on her heels and toes but does have to hold on to something. Current medications included Ultram and Norco. The provider recommended Norco, Soma, and tramadol, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120 with three refills.:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325 mg #120 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing

management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior and side effects. Additionally, the efficacy of the prior use of the Norco is not provided. Therefore, the request is not medically necessary.

**Soma 350mg, quantity #90 with three refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants For Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisopradol (Soma) Page(s): 29-30.

**Decision rationale:** The request for Soma 350 mg, quantity #90 with 3 refills is not medically necessary. The California MTUS Guidelines do not recommend Soma. The medication is not indicated for long-term use. Soma is a muscle relaxant whose primary active metabolite is Meprobamate and abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. Additionally, the efficacy of the prior use of Soma was not provided. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

**Tramadol 50mg, quantity 180 with three refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opiates For The Treatment Of Moderate To Severe Pain.

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

**Decision rationale:** The request for tramadol 50 mg, quantity of 180 with 3 refills is not medically necessary. The California MTUS Guidelines do not recommend Soma. The medication is not indicated for long-term use. Soma is a muscle relaxant whose primary active metabolite is Meprobamate and abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. Additionally, the efficacy of the prior use of Soma was not provided. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.