

<b>Case Number:</b>	CM14-0013761		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/09/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 04/09/2007 secondary to an unknown mechanism of injury. His diagnoses include herniated disc of the lumbar spine. The injured worker was evaluated on 12/30/2013 and reported low back pain radiating to the left anterior thigh and left groin area. On physical examination, he was noted to have a negative straight leg raise with normal motor strength, reflexes, and sensation in the lower extremities bilaterally. His medications were noted to include Soma, Norco, and ibuprofen. The injured worker reported that the medications helped to reduce his symptoms. The injured worker was recommended for continued medications, continued application of heat and ice, an MRI of the lumbar spine, physical therapy for the lumbar spine, and a urine drug screen. The medical records submitted for review indicate that the injured worker has used Norco and Soma since at least 10/14/2013. The most recent urine drug screen collected on 11/01/2013 was consistent with the use of Soma and inconsistent with the use of Norco. A Request for Authorization was submitted on 12/30/2013 for 1 month's supply of Soma and Norco 10/325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MONTH SUPPLY OF SOMA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), Page(s): 63-65.

**Decision rationale:** The request for 1 month supply of Soma is non-certified. The medical records submitted for review indicate that the injured worker has used Soma since at least 10/14/2013. The California MTUS Guidelines do not recommend long-term use of Soma as this medication has been associated with over sedation and potentially aberrant drug related behavior. These guidelines recommend short-term use no longer than 2 to 3 weeks. As the injured worker was noted to have used Soma for at least a 2 month period, additional use of Soma is excessive according to the evidence-based guidelines for treatment duration. Additionally, the injured worker reported that the medications helped to reduce his symptoms. There is a lack of recently documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of Soma. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Soma. Furthermore, the request as written does not specify a dose, frequency, or quantity of the medication requested. As such, the request for 1 month supply of Soma is non-certified.

**NORCO 10/325MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #60 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. It was noted that the injured worker has used Norco since at least 10/14/2013. According to the most recent clinical note, the injured worker reported that the medication helped to reduce his symptoms. There is a lack of recent documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Norco. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Norco. Furthermore, the most recent urine drug screen collected on 11/01/2013 was inconsistent with the injured worker's use of Norco. Therefore, the medical records submitted for review indicate potential inappropriate medication use or aberrant drug related behavior. In the absence of documentation of quantifiable pain relief, objective functional improvement, and appropriate medication use, the continued use of Norco is not warranted at this time. As such, the request for Norco 10/325 mg #60 is non-certified.