

<b>Case Number:</b>	CM14-0017464		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Internal Medicine, 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 injured worker is a 46-year-old male who reported an injury on 07/17/2002. The mechanism of injury was not stated. Current diagnosis is history of lumbar decompression. The injured worker was evaluated on 10/30/2013. The injured worker reported worsening of lower back pain with activity limitation. Physical examination revealed tenderness on the lower lumbar paravertebral musculature, limited range of motion, and intact strength in bilateral lower extremities. Treatment recommendations included a prescription refill of Vicodin 5/500 mg and Soma 350 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ongoing Review And Documentation Of Pain Relief, CA MTUS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Vicodin 5/500 mg since 04/2013. There is no evidence of objective functional improvement. There was also no indication of a failure to respond to nonopioid analgesics. There was also no frequency listed in the current request. Therefore, the request for Vicodin 5/500mg #60 is not medically necessary.

**SOMA 350MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized Soma 350 mg since 04/2013. There was no documentation of palpation muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of this medication. There was also no frequency listed in the current request. As such, the request for Soma 350mg #30 is not medically necessary.