

<b>Case Number:</b>	CM14-0019109		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	11/10/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 62 year old male who reported an injury on 11/10/2003 of unknown mechanism. The clinical notes dated 04/22/2014 indicated diagnoses of low back pain and left radicular symptoms. The injured worker reported shooting pain more in the right side of his back than the left, a burning pain in his left leg and a numbness and heavy sensation and pain in the left leg. The injured worker rated his pain a 9/10, at best 7/10 with medications, and at worst 10/10. On physical exam, lower back revealed limited range of motion, forward flexion was 30 degrees and extension was 5 degrees. The right and left straight leg raise were both 80 degrees causing left-sided back pain. Palpation revealed muscle spasm in the lumbar trunk with loss of lordotic curvature. The unofficial MRI revealed an L5-S1 disc herniation compromising the left S1 nerve root with rather severe facet arthrosis at L4-L5 level. The injured worker reported 50% functional improvement with the medication. He is also under a narcotic contract with the provider and the urine drugs screens were appropriate. The request for authorization was submitted on 04/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, ONE PO DAILY X 4 PRN, #120:** 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.

**Decision rationale:** The injured worker rated his pain to his lower back a 9/10, at best 7/10 with medications, and at worst 10/10. The California Chronic Pain Medical Treatment Guidelines indicate that the lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines also recommend the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The records do not indicate an increased level of functionality or improved quality of life with the Norco and the lowest dose of Norco is 5/325. Furthermore, there is a lack documentation of a narcotic contract or urine drug screen in the records and there is also no evidence of adverse side effects, or lack thereof, addressed with the injured worker in the records. Therefore, per the California Chronic Pain Medical Treatment Guidelines the request for Norco 10/325mg #120 is not medically necessary.

**SOMA 350MG, ONE PO QHS, #30:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends the use of Soma for no longer than a 2 to 3 week period. The guidelines state Soma is a non-sedating muscle relaxant and is highly addictive. The guidelines also indicates that the lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The records do not indicate an increased level of functionality or improved quality of life with the medication. The injured worker has been utilizing the medication for an extended period of time which would exceed the guideline recommendation of 2-3 weeks. Therefore, per the California Chronic Pain Medical Treatment Guidelines the request for Soma 350mg # 30 is not medically necessary.