

<b>Case Number:</b>	CM14-0117052		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Family Practice 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:

Claimant is a 63 year old male who sustained a work injury on 3/14/08 involving the shoulder and low back. He was diagnosed with right shoulder impingement due to compensation for low back pain. A progress note on 6/24/14 indicated the claimant had paraspinal muscle spasms and a positive straight leg raise. His pain level was 4-5/10 with medication and /10 without. His pain was managed with Soma, Norco and Motrin. Additionally he was recommended to use medical marijuana and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has

not been supported by any trials. The claimant had been using Norco with NSAIDs and Soma. In addition, marijuana was added to the pain regimen. The combination of the medication can increase the risk of toxicity and death. In addition, there is no indication of Tylenol or NSAID failure alone. There is no indication on the length of prior Norco use. The continued use of Norco is not medically necessary.

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodolol and pg 29 Page(s): 29.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisprodolol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). 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. In addition, marijuana was added to the pain regimen. The combination of the medication can increase the risk of toxicity and death. In addition, there is no indication of Tylenol or NSAID failure alone. The continued use of Soma is not medically necessary.