

<b>Case Number:</b>	CM14-0122647		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Management, 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:

According to the records made available for review, this is a 47-year-old male with a 9/28/01 date of injury. At the time (7/18/14) of request for authorization for Soma 350mg # 90 and Norco 10/325mg #90 (Max 6/Day) qty 180, there is documentation of subjective (lower backache, pain rated 4.5/10 with medications and 9/10 without medications) and objective (lumbar spine restricted and painful range of motion, paravertebral muscle tenderness) findings, current diagnoses (Lumbar Post Laminectomy Syndrome, lumbar radiculopathy, and low back pain), and treatment to date (medications (including ongoing use of Soma and Norco since at least 4/11)). 7/18/14 medical report identifies that the patient is taking the medications as prescribed, that medications are working well, and that there are no side effects reported. Regarding the requested Soma 350mg # 90, there is no documentation of an acute exacerbation of chronic low back pain, that Soma is being used as a second line option, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date, and an intention for short-term (less than two weeks) treatment. Regarding the requested Norco 10/325mg #90 (Max 6/Day) Qty 180, there is no documentation that the prescriptions are from a single practitioner and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (For Pain) Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of an acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of Lumbar Post Laminectomy Syndrome, lumbar radiculopathy, and low back pain. However, there is no documentation of an acute exacerbation of chronic low back pain and that Soma is being used as a second line option. In addition, given medical records reflecting ongoing use of Soma since at least 4/11 and despite documentation of a decrease in pain from 9 to 4.5/10 with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Furthermore, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg # 90 is not medically necessary.

**Norco 10/325mg #90 (Max 6/Day) qty 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Lumbar Post Laminectomy Syndrome, lumbar radiculopathy, and low back pain. In addition, there is documentation that the prescriptions are taken as directed and

there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the prescriptions are from a single practitioner. In addition, given medical records reflecting ongoing use of Norco since at least 4/11, and despite documentation of a decrease in pain from 9 to 4.5/10 with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 (Max 6/Day) qty 180 is not medically necessary.