

<b>Case Number:</b>	CM14-0125509		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Medicine, 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:

This is a 35-year-old female who reported an industrial injury on 10/25/2013, 11 months ago, attributed to the performance of her usual and customary job tasks attributed to pushing a dolly, which collapsed causing her to stumble. The patient was reported to be off work. The patient received treatment with physical therapy; activity modification; medications; and acupuncture. The patient complained of lower back and right leg pain with numbness. The patient also complained of depression. Patient complained of headaches and migraines. The MRI the lumbar spine documented evidence of degenerative disc disease at L5-S1 without significant canal or neural foraminal narrowing and no cord compression; central protrusion at L5-S1 the flat in the anterior portion of the thecal sac with foraminal stenosis and disc degeneration. The objective findings on examination included antalgic gait; pain to palpation at L4-L5 and L5-S1 with palpable muscle spasms; diminished range of motion of the lumbar spine; strength was 4/5 of the right EHL; SLR was positive at 60. The diagnosis was HNP at L5-S1, right leg radiculopathy/radiculitis, degenerative disc disease, and depression. The treatment plan included smoking cessation; home exercise program; Norco 10/325 mg #120; soma 350 mg #120; and continued physical therapy. The patient was continued off work

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

**Decision rationale:** The prescription for Hydrocodone-APAP (Norco) 10/325 mg #120 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 11 months ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 11 months s/p DOI with reported continued issues. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #120 is not medically necessary.

**Soma 350 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (/soma, Soprodol 350, Vanadon, generic available. Pag.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs Page(s): 66. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chronic pain chapter 8/8/08 page 128

**Decision rationale:** The patient is prescribed Carisoprodol/SOMA 350 mg #120 on a routine basis for the treatment of chronic pain and is not directed to muscle spasms on a as needed basis. The CA MTUS does not recommend the prescription of Carisoprodol. There is no medical necessity for the prescribed Soma 350 mg #120 for chronic pain or muscle spasms, as it is not recommended by evidence-based guidelines. There is no documented functional improvement with the use of the prescribed Carisoprodol. The use of Carisoprodol/Soma is not recommended due to the well-known psychotropic properties. Therefore, this medication should be discontinued. The request is not medically necessary.