

<b>Case Number:</b>	CM14-0185883		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational 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 44-year-old female with a 6/19/09 date of injury. The injury occurred when she slipped on some moss and fell on her back and buttock. According to a progress report dated 9/19/14, the patient was 12 weeks status post anterior lumbar interbody fusion, L4-sacrum. She stated her back pain was gradually improving, as well as the spasm sensation in her leg. She was relying on Norco as needed for pain. Objective findings: tenderness to palpation of lumbosacral junction, limited range of motion. Diagnostic impression: twelve weeks status post ALIF, L4-S1. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/31/14 modified the request for Norco 10/325mg #90 with 1 refill to certify #40 with zero refills for weaning purposes and denied the request for Soma. Regarding Norco, the patient reported increased function, but still had pain constantly, and there was no mention of a return to work. Regarding Soma, the guidelines recommend Soma as a second-line option for the short-term treatment of an acute exacerbation. It is not appropriate at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction in terms of VAS scores or improved activities of daily living from the use of Norco. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #90 with 1 refill was not medically necessary.

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol)

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, in the present case, it is unclear how long this patient has been taking Soma. Guidelines do not support its long-term use. In addition, there is no documentation that she has had an acute exacerbation to her pain. Furthermore, the patient is also taking opioid medications, and guidelines do not support the concurrent use of opioids and Soma. Therefore, the request for Soma 350mg #90 was not medically necessary.