

<b>Case Number:</b>	CM14-0022032		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/29/2002
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

The injured worker is a 51 year old male who sustained an injury on 08/29/02. No specific mechanism of injury was noted. The injured worker has been followed for an ongoing history of chronic low back pain radiating to the lower extremities. The injured worker has been utilizing multiple medications for pain to include Norco and Soma. The injured worker previously utilized Darvocet, Tizanidine, Rozerem, Ultram, and Neurontin. As of 12/11/13, the injured worker indicated his pain levels were 4-5/10 after taking medications. Without medications, the injured worker's pain was as high as 8/10 on the Visual Analogue Scale (VAS). The injured worker indicated that normal activities aggravated his pain. The injured worker was working part time with restrictions as of 12/11/13. Physical examination noted limited range of motion in the lumbar spine with tenderness to palpation. No neurological deficit was identified. The injured worker is noted to have had a prior lumbar fusion at L5-S1. Laboratory studies were ordered at this evaluation. The injured worker was continued on Norco 4 times daily with pain as well as Soma 350mg twice daily. The injured worker was noted to be under a pain contract and had recent compliant urinary drug screen findings. Follow up on 01/09/14 noted increasing pain in the low back and lower extremities. The injured worker's physical examination findings were relatively unchanged. Some acute muscle spasms were noted. No changes to the medications were reported. A drug screen sample was taken on 01/30/13 which was reported as appropriate. The injured worker did have appropriate pill counts. Follow up on 02/06/14 noted the injured worker continued to have benefit from the use of medications with pain at 5-6/10 on the VAS after taking medications. The injured worker had 2-3 hours of relief with the prescribed medications including Norco and Soma. Physical examination noted continuing loss of lumbar range of motion with tenderness to palpation. The requested Soma 350mg, quantity 60 was denied by utilization review on 02/13/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the request for Soma 350mg, quantity 60, this reviewer would have recommended this medication. Although outside of the general guideline recommendations regarding Soma, this injured worker has obtained a substantial amount of functional improvement with the continuing use of Soma twice daily. This was being utilized in conjunction with Norco for overall pain relief. The injured worker was obtaining 40-50% relief of symptoms with the use of Soma combined with the use of Norco. No inconsistencies on medication use were noted. The injured worker had appropriate pill counts as well as urinary drug screen findings. The injured worker did have a noted increase in the amount of musculoskeletal spasms in January of 2014. The injured worker was able to work part time with the use of these medications. Given the functional benefit obtained with the use of Soma as well as the amount of pain relief reported in the clinical records and as the injured worker did have a recent exacerbation in the amount of muscle spasms in the lumbar spine, this request is medically necessary.

**Labs: Serum Hydrocodone, Acetaminophen and Meprobamate, CMP, CBC, And GGT:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use.

**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, Urine Drug Screen Testing

**Decision rationale:** The requested serum Hydrocodone testing for this injured worker would not be indicated. The specificity of serum drug screening is less than the standard urine drug screen which would be considered standard of care. There are no indications for serum blood testing for this medication as compared to standard urine drug screens. As such, this reviewer would not recommend this request as medically necessary.