

<b>Case Number:</b>	CM14-0024477		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/28/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 69-year-old female who reported an injury on 06/28/2001. The mechanism of injury is not provided for clinical review. The diagnoses included; lumbar radiculopathy, low back pain and spinal lumbar dengerative disc disease. Treatments included medications. In the clinical note dated 01/07/2014, it was reported the injured worker complained of low back pain. She rated her pain 5 out of 10 in severity. Her medication regimen includes Ambien, Norco and Soma. Upon the physical examination of the lumbar spine, the provider noted range of motion was restricted with flexion limited to 30 degrees, and extension limited to 5 degrees. The provider indicated the injured worker had tenderness to palpation of the paravertebral muscles causing spasms and tenderness noted on both sides. The provider requested for Norco and Soma, which allow the injured worker to bend her legs better. A rationale was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #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, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #180 is not medically necessary. The injured worker complained of low back pain. She rated her pain as a 5 out of 10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker has been utilizing medications since at least 07/2013. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional improvement. The request submitted failed to provide the frequency. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**SOMA 350 MG #60:** Upheld

**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, 64.

**Decision rationale:** The request for Soma 350 mg #60 is not medically necessary. The injured worker complained of low back pain. She rated her pain 5 out of 10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the medication had been providing objective functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing medication for an extended period of time since at least 07/2013, which exceeds the guidelines recommendation of short-term use of 2 to 3 weeks. Therefore, the request is not medically necessary.