

<b>Case Number:</b>	CM14-0038035		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/31/1994
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 71-year-old male who reported injury on 08/31/1994. The documentation indicated the mechanism of injury was the injured worker was struck by a forklift. The injured worker was treated with an intrathecal morphine pump, and surgical intervention. The documentation indicated the injured worker was utilizing opiates in 2011 as well as muscle relaxants. The documentation of 02/25/2014 revealed the medication was not helping anymore. The injured worker denied significant side effects. The injured worker had decreased range of motion and tenderness over the lower facet joints. The morphine pump was refilled. The diagnoses included postlaminectomy lumbar region syndrome, lumbago, low back pain, and thoracic or lumbosacral neuritis or radiculitis unspecified. The treatment plan included Lexapro 20 mg 1 tablet daily, Norco 10/325 mg 1 to 2 tablets every 4 hours, and Soma 350 mg tablets 1 tablet 4 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Carisoprodol (Soma) Page(s): 63; 29.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. There use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. Guidelines further state Soma is not recommended and is not indicated for long term use. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2011. There was a lack of documentation of objective functional benefit. Given the above and the lack of documentation of exceptional factors, the request for Soma 350 mg #120 is not medically necessary.

**Norco 10/325 mg #180 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Ongoing Management Page(s): 60; 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized this classification of medication since at least 2011. There was lack of documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 10/325 mg #180 with 2 refills is not medically necessary.