

<b>Case Number:</b>	CM14-0047865		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/23/1992
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

According to the records made available for review, this is a 63-year-old male with a 1/23/92 date of injury and status post lumbar fusion and instrumentation on 2/11/14. At the time (3/20/14) of request for authorization for Norco 10/325mg #80 with 3 refills and Soma 350mg #90 with 3 refills, there is documentation of subjective (complete resolution of right lower extremity pain, near complete resolution of weakness, and increased motor function of the left lower extremity following lumbar surgery 2 weeks ago) and objective (mildly decreased strength of the right foot dorsiflexors, 2-3/5 strength of the left foot dorsiflexors and plantar flexors, and overall improvement in neural function secondary to decompression) findings, current diagnoses (lumbar spinal stenosis status post lumbar fusion and instrumentation on 2/11/14), and treatment to date (ongoing therapy with Norco with pain relief and improved function). In addition, 3/27/14 medical report identifies a pain management agreement and an intention for postoperative pain management of muscle spasms and severe pain with Soma and Norco. Regarding Soma 350mg #90 with 3 refills, there is no documentation of an intention for short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #80 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis status post lumbar fusion and instrumentation on 2/11/14. In addition, there is documentation of an intention for postoperative pain management of severe pain with Norco. Furthermore, given documentation of a pain management agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation of prior use of Norco resulting in pain relief and improved function, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #80 with 3 refills is medically necessary.

**Soma 350mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis status post lumbar fusion and instrumentation on 2/11/14. In addition, there is documentation of muscle spasms following lumbar surgery. However, despite documentation of an intention for postoperative pain management of muscle spasms with Soma, and given documentation of a request for Soma

350 mg #90 with 3 refills, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg #90 with 3 refills is not medically necessary.