

<b>Case Number:</b>	CM14-0048807		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Nevada. 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 36-year-old male who was reportedly injured on February 8, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 19, 2013, indicated that there were ongoing complaints of neck pain radiating down the left shoulder and low back pain radiating down the bilateral legs. The physical examination demonstrated tenderness along the paravertebral muscles of the cervical spine with decreased range of motion. There was also tenderness along the musculature of the lumbar spine. The treatment plan included a request for nerve conduction studies of the bilateral upper extremities as well as a magnetic resonance image of the cervical and lumbar spine. Previous treatment included physical therapy. A request had been made for Soma and Norco and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription for Soma 350 mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63 of 127.

**Decision rationale:** Soma is a muscle relaxant indicated as a second line option for short-term treatment of acute exacerbations of chronic low back pain. The medical record and the most recent progress note dated November 19, 2013 did not indicate that there were exacerbations of back pain nor were spasms present on physical examination. For these reasons, this request for Soma is not medically necessary.

**The prospective request for 1 prescription of Norco 10/325 mg.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 79 of 127.

**Decision rationale:** Norco is an opioid medication indicated for usage for moderate to severe pain. A review of the attach medical record indicates that this medication has been used chronically and there was no documentation of objective pain relief, side effects, or its ability to allow the injured employee to function and perform activities of daily living. For these reasons, this request for Norco is not medically necessary.