

<b>Case Number:</b>	CM14-0052288		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/09/1994
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury June 9, 1994. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and opioid therapy. In a utilization review report dated March 20, 2014, the claims administrator denied a request for Soma and partially certified a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a telephone encounter dated March 20, 2014, the applicant's primary treating provider suggested that weaning the applicant off of medications in question was an appropriate option. In a medical-legal evaluation dated January 24, 1995, it was acknowledged that the applicant was not presently working, owing to ongoing complaints of chronic low back pain. On November 14, 2013, the applicant was apparently using Soma, Norco, Voltaren, and Cymbalta. The applicant was described as not currently working. While the attending provider stated that the applicant was using medications appropriately, the attending provider did not recount any improvements in pain or function, as of that point in time. On May 13, 2014, the applicant reported ongoing usage of chronic low back pain, 5/10. The applicant was having difficulty getting dressed and having issues with anxiety, it was noted. The applicant was not working, it was further stated. Norco and Neurontin were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 29, Carisoprodol topic. Page(s): 29.

**Decision rationale:** As noted on page 29 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using opioid agent Norco. Adding carisoprodol or Soma to the mix, particularly on chronic or scheduled use basis, is not recommended. It is further noted that the applicant's treating provider apparently reached the same conclusion and ultimately elected to discontinue Soma on April 8, 2014. Therefore, the request is not medically necessary.

**Norco 10/325mg #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76,91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however the applicant is off of work. The attending provider has not recounted or detailed any concrete or tangible improvements in function or decrements in pain achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.