

<b>Case Number:</b>	CM14-0062005		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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. 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:

This 52 year-old patient sustained an injury on 8/13/2003 while employed by [REDACTED]. The request under consideration includes Norco 10/325mg #60 and Soma 350mg #60. The diagnoses include lumbar sprain/strain and knee meniscus tear/cruciate ligament sprain/strain. Report of 4/10/14 from NP noted patient with chronic ongoing low back pain rated at 6/10 radiating into left lower extremity with numbness and tingling. The patient has had four lumbar epidural steroid injections with only temporary relief and is s/p knee surgery x2 now with grinding pain radiating to left calf with numbness. Medications include Omeprazole, Zolpidem, Soma, Norco, and Lidopro cream. Exam showed tenderness of lumbar PSM/Left ilium/left medial patella with painful decreased movement; diffuse weakness in left lower extremity with diffuse decreased sensation. Requests included MRIs and medication refills. The request for Norco 10/325mg #60 was modified for #45 and Soma 350mg #60 was modified for #30 for weaning on 4/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco 10/325mg #60 is not medically necessary and appropriate.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2003. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Soma 350mg #60 is not medically necessary and appropriate.