

<b>Case Number:</b>	CM14-0074444		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/23/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 62 year old female who was injured on 12/23/2008. The diagnoses are post lumbar laminectomy fusion syndrome, lumbar radiculopathy, cervical spine pain and multiple extremities joints pain. On 4/25/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities, low back pain radiating to the lower extremities and muscle spasm. There were objective findings of positive Spurling's and straight leg raising tests. The patient had completed PT and acupuncture treatments. The MRI showed degenerative joints disease of the knee, right shoulder and multilevel disc bulge with facet arthropathy of the cervical spine. A Utilization Review determination was rendered on 5/6/2014 recommending modified certification for Norco 10/325mg #120 to #80 and non- certification for Soma 350mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the use of opioids in the treatment of chronic musculoskeletal pain syndrome. It is recommended that opioids be utilized for short term treatment of severe pain during periods of exacerbation of chronic pain that is non responsive to NSAIDs, PT and exercise. Opioids can also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain procedures, behavioral modification and psychiatry treatment when indicated. The records indicate that the patient has completed lumbar surgeries, PT and non opioid treatments. The criteria for the use of Norco 10/325mg #120 was met and is therefore medically necessary.

**Soma 350 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

**Decision rationale:** The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic musculoskeletal pain. It is recommended that the use of sedating muscle relaxants be limited to less than 4 weeks during exacerbation of chronic pain that did not respond to NSAIDs and physical therapy. Long term use of sedative muscle relaxants is associated with increased incidence of dependency, sedation, addiction and adverse interactions with opioids and other sedatives. Soma is a centrally acting medication whose primary metabolite is meprobamate, a barbiturate like compound with sedative, hypnotic and addictive properties. The record indicates that the patient had been utilizing muscle relaxants for many years. The criteria for the use of Soma 350mg #150 was not met and is therefore not medically necessary.