

<b>Case Number:</b>	CM14-0081647		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Family Medicine and is licensed to practice in California, Tennessee, 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 injured worker is a 29 year old female injured on 09/16/13 due to undisclosed mechanism of injury. Diagnoses included lumbar spine and cervical spine sprain/strain and lumbar disc herniation. Clinical note dated 05/19/14 indicated the injured worker presented complaining of increased neck pain and low back pain. The injured worker reported pain rated 5-6/10 with medication and 9/10 without. The injured worker also reported decreased sleep due to discomfort. Physical examination of the cervical spine revealed myospasms with associated 1+ tenderness of paracervical muscles bilaterally and decreased range of motion in all planes. Physical examination of the lumbar spine revealed myospasms with associated 1+ tenderness of the lower rector spine muscles bilaterally, positive Kemp test with associated pain and discomfort, and decreased range of motion within range pain in all planes. Treatment plan included multi-modality physical therapy two times a week times four weeks, pain management consultation for trial series of three epidural steroid injections, and pharmacological management including Pantoprazole, Norco, Flexeril, Terocin patch, and topical creams. The initial request for Soma and hydrocodone was non-certified on 05/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page(s): 65.

**Decision rationale:** As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration (FDA)-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window of 2-3 weeks. As such, the request for Soma 250mg #60 is not recommended as medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 90.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Hydrocodone 10/325mg #60 is not recommended as medically necessary.