

<b>Case Number:</b>	CM14-0084806		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

According to the records made available for review, this is a 45-year-old male with a 3/10/09 date of injury. At the time (4/18/14) of the request for authorization for Soma 350mg #60 and Norco 10/325mg #30, there is documentation of subjective (constant low back pain with associated numbness and tingling sensation, he also notes left leg spasms which comes and goes with associated electric shock sensation) and objective (orthopedic testing reveals positive straight leg raise on the left, weakness in the peroneus longus and extensor hallucis longus at 4/5) findings. The current diagnoses include an annular tear at L3-4 level with herniated nucleus pulposus, herniated nucleus pulposus and foraminal stenosis at L5-S1 level, left lower extremity radiculopathy, left leg worse, and weight gain secondary to orthopedic injury. The treatment to date includes medication including Soma and Norco. Regarding Soma 350mg #60, there is no documentation of acute muscle spasms; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Soma; and the intention to treat over a short course (less than two weeks). Regarding Norco 10/325mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of annular tear at L3-4 level with herniated nucleus pulposus, herniated nucleus pulposus and foraminal stenosis at L5-S1 level, left lower extremity radiculopathy, left leg worse, and weight gain secondary to orthopedic injury. In addition, there is documentation of treatment with Soma for at least 3 months. However, there is no documentation of acute muscle spasms. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Soma. In addition, given treatment with Soma for at least 3 months, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for 60 Soma 350mg is not medically necessary.

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of annular tear at L3-4 level with herniated nucleus pulposus, herniated nucleus pulposus and foraminal stenosis at L5-S1 level, left lower extremity

radiculopathy, left leg worse, and weight gain secondary to orthopedic injury. In addition, there is documentation of treatment with Norco for at least 3 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of opioids, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #30 is not medically necessary.