

<b>Case Number:</b>	CM14-0192000		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/21/1997
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Pain Management 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 patient is a 52 year old male with date of injury 1/21/97. The treating physician report dated 10/16/14 (43) indicates that the patient presents with pain affecting the back. The physical examination findings reveal bilateral tenderness and spasms of the L3-5 and L5S1 paraspinous muscles, lumbar spine shows decreased ROM. Extension is at 15 degrees; flexion is at 50 degrees; bilateral lateral bending is at 20 degrees; and rotation is at 20 degrees. There is pain with palpation of the bilateral S1 joint. There is a positive FABER sign. Prior treatment history includes acupuncture, home exercise therapy, and prescribed medications of Soma and Norco. The current diagnoses are: 1. Lumbar Radiculopathy 2. Spasms of muscle. The utilization review report dated 11/06/14 denied the request for Norco and Soma based on 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 #120:** Upheld

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

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

**Decision rationale:** The patient presents with back pain. The current request is for Norco 10/325mg #120. The treating physician 10/16/14 report states, "Current Medication: Lortab (Opiate). Discussed taper again of Norco, note that the patient has not been able to get the Tramadol ER to produce lower pain relief. He has not been able to get the Norco 2.5 mg which is used to taper down the Norco. He is unable to get them due to UR denial of these meds. But without the meds, unable to taper down meds. Also unable to have good quality of life and the patient is now antisocial and unable to dance and socialize due to pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case the treating physician reports reviewed provided do not document any of the required documentation to continue opioid usage. The treating physician states that the patient is using Lortab (opiate), he states that the patient is not able to receive Norco due to denial and states that the patient needs to be weaned but the treater prescribes Norco 10/325 rather than the Norco 2.5 mg that he discussed for weaning purposes. Ultimately, the physician records provided do not fulfill the requirements set forth by the MTUS. Recommendation is for denial.

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

**Decision rationale:** The patient presents with back pain. The current request is for Soma 350mg #60. The treating physician indicates that the current request is for muscle relaxant. The MTUS guidelines state, "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case the patient has been prescribed the medication for at least 2 months, based off the treating physician report dated 08/07/14 where a refill of the current request is documented. The current request is not supported by the guidelines as this medication is not for long term usage. Recommendation is for denial.