

<b>Case Number:</b>	CM14-0197617		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 is a 67 year old male who suffered a work related injury on 03/31/1998. The injury involved the lumbar spine. He has diagnoses of lumbar spine pain, and degenerative disc disease of the lumbar spine. A Magnetic Resonance Imaging of the lumbar spine done 01/1/24/2014 revealed disk protrusion and central stenosis at Lumbar 3-Lumbar 4, and there is posterior disk protrusion with facet arthropathy at Lumbar 5-Sacral 1. Treatment has included medications, ice and heat, back brace, transcutaneous electrical nerve stimulator unit, and physical therapy. He uses a cane for ambulation and a wheelchair for distances. In a progress note dated 8/19/2014 the injured worker complained of an increase in muscle spasms. Pain is described as nasty. A physician progress note dated 10/14/2014 the injured worker's musculoskeletal examination reveals 60% flexion, 50% extension, 60% left lateral and 50% lateral movement of the lumbar spine. He has difficulty going from his heels to toes due to a recent ankle injury. Treatment requested is for Soma 250mg, # 18, and Norco 10/325mg #, 144. Prior Utilization reviews have requested weaning of Soma and Norco. Utilization review done on 10/20/2014 non-certifies the request for Soma 250mg, # 18, citing California Chronic Pain Medical Treatment Guidelines. Guidelines do not support the use of this medication especially for long-term use due to the possible significant risks to the injured worker. Muscle relaxants are considered a second-line option for short-term treatment of an acute exacerbation in patients with chronic low back pain. The injured worker has been on this medication long term without evidence of associated clinical improvements as a result of this medication use. Weaning and discontinuation is indicated. Utilization Review done on 10/20/2014 modifies the request for Norco 10/325mg, # 144, to Norco 10/325mg, #60, should be weaned for discontinuations purposes. Cited is California Chronic Pain Medical Treatment Guidelines-Opioids.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250mg #18:** Upheld

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

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

**Decision rationale:** Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request should not be authorized.

**Norco 10/325mg #144:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been using Norco since at least August 2011 and had not obtained analgesia. In addition There is no documentation that the patient has signed

an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.