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| <b>Case Number:</b>   | CM14-0201734 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 03/07/2012 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31-year-old male who reported an injury on 03/07/2012. The mechanism of injury involved a fall. The current diagnoses include low back pain, lumbar radiculopathy, lumbar facet arthropathy, chronic pain syndrome, and right leg pain. The injured worker presented on 10/06/2014 with complaints of ongoing lower back pain with radiation into the right lower extremity. Previous conservative treatment is noted to include medication management, ice/heat therapy, home exercise, and physical therapy. The current medication regimen includes Soma 350 mg and Norco 10/325 mg. Upon examination, there was restricted lumbar range of motion, spinous process tenderness at L5, normal motor strength, and intact sensation. Treatment recommendations included continuation of the current medication regimen and home exercise program. A random toxicology screening was performed on that date. A Request for Authorization form was then submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/.25mg, #240 with 2 refills:** 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): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued if there is no overall improvement, unless there are extenuating circumstances. The injured worker has continuously utilized Norco 10/325 mg since 2012. There is no documentation of objective functional improvement. The injured worker continues to report persistent pain with radiation into the bilateral lower extremities. There is no change in function or the ability to perform activities of daily living. Additionally, previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate.

**Soma 350mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized Soma 350 mg since 2012. Guidelines do not recommend long-term use of muscle relaxants. There was no evidence of palpable muscle spasm or spasticity upon physical examination. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate.