

<b>Case Number:</b>	CM15-0006379		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 8/1/11. He has reported low back pain. The diagnoses have included lumbago, cervical spondylosis and lumbar spondylosis. Treatment to date has included medications, chiropractic therapy and physical therapy. (MRI) magnetic resonance imaging of lumbar spine performed on 1/3/14 noted facet hypertrophy at L2-L3 and L5S1 with disc degeneration. Currently, the IW complains of constant sharp, burning lower back pain with radiation to both legs with numbness, tingling and weakness. It is noted the IW has not seen much improvement with conservative treatments to June, 2014 the pain was 7/10 with medication use (Norco and Methadone). In Spetember 2014, the pain level was 8/10 with or without medications. On 12/19/14 Utilization Review non-certified prescriptions for Hydrocodone/Apap 10/325 # 90 and Carisoprodol 350mg # 160, noting the no clinical information or no documentation to support functional improvement with the regimen. The MTUS, ACOEM Guidelines and ODG were cited. On 1/12/15, the injured worker submitted an application for IMR for review of prescriptions for Hydrocodone/Apap 10/325 # 90 and Carisoprodol 350mg # 160.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months with worsening pain score levels. There was no indication of Tylenol failure. The continued use of Hydrocodone is not medically necessary.

**Carisoprodol 350mg #160:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol.

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma 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. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.