

<b>Case Number:</b>	CM15-0102512		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/08/2003
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 sustained an industrial injury on 12/8/03. The injured worker was diagnosed as having an incomplete spinal cord injury at T4-6 with paraplegia, neurogenic bowel, neurogenic bladder, and chronic pain syndrome with idiopathic insomnia. Treatment to date has included medication. The injured worker had been taking Soma, Norco, and Baclofen since at least 5/22/12. Currently, the injured worker complains of sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, and generalized discomfort in the lower limbs. The treating physician requested authorization for Norco 10/325mg #90, Soma 350mg #90, and Baclofen 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2003 and continues to be treated for chronic pain. He sustained an incomplete thoracic level spinal cord injury. When seen, Norco was being prescribed for relief of generalized pain. Physical examination findings were consistent with his spinal cord injury. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2003 and continues to be treated for chronic pain. He sustained an incomplete thoracic level spinal cord injury. When seen, Norco was being prescribed for relief of generalized pain. Physical examination findings were consistent with his spinal cord injury. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

**Baclofen 10mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): Baclofen prescribing information.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2003 and continues to be treated for chronic pain. He sustained an incomplete thoracic level spinal cord injury. When seen, Norco was being prescribed for relief of generalized pain. Physical examination findings were consistent with his spinal cord injury. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the claimant has a thoracic level spinal cord injury with an upper motor neuron syndrome. The dose is within that recommended. Therefore, Baclofen IS medically necessary.

