

<b>Case Number:</b>	CM15-0138307		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 60 year old male, who sustained an industrial injury on 10/11/12. He reported injury to his chest, abdomen, neck and bilateral legs after a motor vehicle accident. He also fractured his sternum. The injured worker was diagnosed as having head contusion, lumbar radiculopathy, cervical strain and bilateral knee strain. Treatment to date has included an EMG on 5/5/14 showing S1 radiculopathy and several MRIs. Current medications include Naproxen, Norco, Soma and Menthoderm cream since at least 5/7/14. As of the PR2 dated 6/12/15, the injured worker reports pain in his lower back, neck, bilateral knees, chest wall and headaches. Objective findings include decreased cervical and lumbar range of motion, decreased bilateral knee range of motion and a positive straight leg raise test on the left at 70 degrees. The treating physician requested Norco 10-325mg #30, Soma 350mg #30 and Menthoderm cream #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 86.

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

**Decision rationale:** According to the MTUS guidelines, Norco is indicated for moderate to moderately severe pain. The MTUS guidelines note that opioids may be continued if there is evidence of improvement in pain and function. The MTUS guidelines also recommend morphine equivalent dosage of 120 or less. The injured worker is followed for chronic pain and subjective and objective benefit is noted with the current utilization of Norco. There is no evidence of drug abuse or diversion. The medical records do not establish issues with abuse, addiction or poor pain control. The current morphine equivalent dosage is below the recommended ceiling. The request for Norco 10/325 mg #30 is medically necessary and appropriate.

**Soma 350mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics - Carisoprodol (Soma, Soprodol 350, Vanadom, generic available); Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29, 63-66.

**Decision rationale:** According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and in regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The request for Soma 350mg, #30 is not medically necessary and appropriate.

**Menthoderm topical cream, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 104, 110-112.

**Decision rationale:** Menthoderm contains methyl salicylate and menthol. Per Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the medical records that the patient is unable to tolerate oral medications. There is also no evidence that the patient has failed over-the-counter topical medication such as BenGay. The request for Menthoderm topical cream, #1 is not medically necessary and appropriate.

