MAXIMUS Federal Services

| Case Number: | CM15-0168529 | | |
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| Date Assigned: | 09/09/2015 | Date of Injury: | 10/25/2013 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

## 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 40 year old male with an industrial injury dated 10-25-2013. A review of the medical records indicates that the injured worker is undergoing treatment for anterior cruciate ligament (ACL) tear, medial meniscus tear, lateral meniscus tear, patella-femoral chondromalacia and medial compartment degenerative joint disease. Treatment consisted of urine drug screen, prescribed medications, right knee internal derangement repair, physical therapy and periodic follow up visits. Medical records indicate ongoing right knee pain with pain ranging from 7-10 out of 10. Per the treating physician (07-06-2015 report), the injured worker work status was modified work restrictions pending re-evaluation. The injured worker reported continued improvement with medications and physical therapy regarding pain levels, function, range of motion and overall sense of comfort. Objective findings (07-06-2015) revealed improved range of motion and strength, ecchymosis, erythema, effusion, soft tissue swelling, tenderness to palpitation at medial and lateral joint line and motion loss. Records indicated that the injured worker has been taking Norco at least since 01-14-2015. The treating physician prescribed Norco 10-325 mg #60 and Soma 350 mg #30, now under review. Utilization Review determination on 07-24-2015, denied the request for Soma 350 mg #30 and partially approved the request for Norco 10-325 mg #30 (original request for #60).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

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

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

**Decision rationale:** Norco 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 Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Soma 350 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 24.

**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 (Norco) which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.