

<b>Case Number:</b>	CM15-0185480		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/08/2001
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New Jersey

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 41-year-old male who sustained an industrial injury on 11-8-01. A review of the medical records indicates he is undergoing treatment for chronic lower back pain. Medical records (4-20-15 to 7-27-15) indicate ongoing complaints of low back pain with radiation to his right leg to the toes. He reports that "occasionally", it affects his left leg, as well as his right leg. The injured worker reports that he received a letter from Workman's Comp, "refusing him his Avinza, Flexeril, and Morphine because he wanted to stop the medications, but he says he did not want to". The injured worker reports that he "took more Norco while going through withdrawals from Morphine", up to six times per day, on average. He reports that Flexeril "did not work after the first week" (7-27-15). The injured worker has been receiving Norco 10-325 every 6 hours as needed for pain, Soma 350mg every 6 hours as needed, and Avinza once daily since, at least, 4-20-15. The physical exam (7-27-15) reveals tenderness in the L4-L5 interspace. Full range of motion is noted. The provider documents "Tender L4-L5 interspace. No paraspinous muscle tenderness, spasm extending to the SI joints". Diagnostic studies are not included in the provided records. Treatment has included oral medications. The request for authorization (8-30-15) includes Norco 10-325, 1 tablet every 6 hours as needed #120 and Soma 350mg every 6 hours as needed #90. The utilization review (9-8-15) indicates modification of the Norco request and denial of the Soma request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were insufficient reports of this full review being completed by the requesting provider to show clearly a measurable functional gain and pain level reduction directly related to the use of Norco as seen in the notes provided for review. Therefore, this request is not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was record of having used Soma chronically leading up to this request with a short period of time (1 week) using Flexeril instead of Soma most recently. However, this chronic regular use of muscle relaxants in general is not recommended and going back to Soma cannot be justified, nor was there sufficient evidence to show measurable functional gains directly related to the Soma use to make up for this fact. Therefore, the Soma will be considered medically unnecessary at this time.