

<b>Case Number:</b>	CM15-0204832		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/17/1999
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, North Carolina  
 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:

This injured worker is a 69-year-old male, who sustained an industrial injury on 04-17-1999. The injured worker was diagnosed as having lumbago- post-lumber fusion syndrome and depression. On medical records dated 08-05-2015, the subjective complaints were noted as low back pain that radiates to lower extremities. Objective findings were noted as lumbar spine deep tendon reflexes were 1+ bilaterally to the patella's and not elicited to the Achilles bilaterally there was no clonus, sensation was decreased in the dermatome, left L3, left L4 and left L5, straight leg raise was negative, and spasm and guarding were noted in lumbar spine. Treatments to date included exercise program and medication. The injured worker was noted to be permanent and stationary. Urine toxicology in June was consistent with medication regimen. No pain scale was noted. Current medications were listed as Ambien, Fortesta, Protonix, Oxycontin, Topiramate, Cymbalta, Ibuprofen, Soma (since at least 01-2015), DSS, and Norco(since at least 01-2015), Metformin HCL, Allopurinol, Aspirin, Atorvastatin, Benazepril HCL, Cayenne Pepper, Doxazosin Mesylate, Hydrochlorothiazide, Singulair, Zeta, and Zyrtec. The Utilization Review (UR) was dated 09-16-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Norco 10-325mg #150 was modified and Soma 350mg #45 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Weaning of Medications.

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

**Decision rationale:** This is a 69-year-old patient with a date of injury 16 years ago and a diagnosis of chronic low back pain. The request is for Soma, a muscle relaxant, which the patient has been taking on a long-term basis since at least January 2015. MTUS Guidelines do not support the long-term use of muscle relaxants. Soma is generally recommended for no more than 2-3 weeks total, so this patient has far exceeded guidelines. In addition, there is no documentation of muscle spasm. Therefore, the request is not medically necessary or appropriate.

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS Chronic Pain Guidelines support the use of opioids as a second-line agent for the treatment of pain. First-line agents (antidepressants, anticonvulsants) should have been tried and failed before resorting to opiates like Norco. Guidelines state that opioids are not recommended for long-term use. In addition, patients taking opiates should be limited to no more than 120 mg/day Morphine Equivalent Dosages. In this case, the patient is also taking Oxycontin and the Morphine Equivalent Dose is 280 mg/day, far exceeding recommended guidelines. In addition, there is a lack of documentation of functional gains with the use of Norco. Therefore, based on the above, this request is not medically necessary or appropriate.