

<b>Case Number:</b>	CM15-0079864		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 (IW) is a 35-year-old male who sustained an industrial injury on 04/26/2011. Diagnoses include lumbar spine herniated nucleus pulposus. Previous treatments were not documented. According to the PR2 dated 3/9/15, the IW reported lumbar spine pain with associated spasms and tightness. On examination, there was tightness and spasms in the paraspinal muscles, EHL weakness on the right, tenderness to palpation of the incision at L5-S1, positive left pelvic tilt and pain with flexion and right rotation. X-rays showed loss of spinal lordosis and decreased disc space at L5-S1. A request was made for 3 Medrol dose pack, #1, Soma 350mg, #30 and Norco 10/325mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Medrol dose pack Qty: 1 package: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 17.

**Decision rationale:** According to the guidelines, steroids are recommended for short-term use for radicular pain. It is not recommended for chronic or non-radicular pain. In this case there is no diagnosis of radiculopathy. An MRI was ordered to evaluate for possible herniated disc. The claimant was also prescribed analgesics for unknown length of time. The request for a Medrol Dose PAK is not medically necessary.

**Soma 350mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

**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.

**Norco 10/325mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**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 an unknown length of time. Failure of Tylenol, NSAIDs or Tricyclics was not mentioned. Pain score trends and history were not provided. The Norco use is not substantiated and not medically necessary.