

<b>Case Number:</b>	CM15-0089393		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/14/2002
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old male, who sustained an industrial injury on 08/14/2002. He has reported injury to the neck and low back. The diagnoses have included strain/sprain of the cervical spine, superimposed over degenerative disc disease; strain/sprain of the lumbar spine, superimposed over degenerative disc disease; posterior disc protrusion noted at C5-6, C6-7, and C7-T1; and posterior disc protrusion at L2-3, L3-4, and L5-S1. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Norco and Soma. A report from the treating physician, dated 04/09/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of lower back pain, rated 7 on a scale of 1 to 10; back pain radiates into his bilateral lower extremities, right equal to left; taking two Norco tablets per day for pain and one to two Soma pills per day for acute muscle spasms; and he reports functional improvement, and improvement in pain and activities of daily living with his current medication regimen. Objective findings included tenderness noted over the lumbosacral spine and over the bilateral lumbar paraspinal muscles, where muscles spasms and myofascial trigger points were noted; and decreased lumbar spine range of motion, with increased lower back pain upon the extremes of flexion and extension. The treatment plan has included the request for Norco 10/325 mg 350; and Soma 350 mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Criteria for use of opioids.

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, and lack of evidence of functional improvement with chronic use, the request for Norco is not considered medically necessary.

**Soma 350mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain), Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment even in light of evidence of spasm, etc. on physical exam, the continued use of Soma is not medically necessary.