

<b>Case Number:</b>	CM14-0096242		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and muscle relaxants. In a Utilization Review Report dated June 20, 2014, the claims administrator denied requests for Norco and Soma. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Soma nightly and Norco three to four times a day. The attending provider posited that ongoing usage of the same had allowed the applicant to continue working and perform household chores such as washing dishes, cooking, and raking leaves. Both Norco and Soma were renewed. The applicant was apparently returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120, Refills X2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, the applicant has returned to and maintained successful return to work status, the attending provider has suggested, reportedly achieved as a result of ongoing Norco usage. The applicant's ability to perform household chores such as cooking, cleaning, doing yard work, etc., have likewise been ameliorated as a result of ongoing Norco usage, the attending provider has reported. The applicant is, finally, deriving appropriate analgesia from Norco, the attending provider has reported. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Soma 350mg #60, Refills x2:** Upheld

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

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not recommended, particularly for chronic use purposes as is implied via the 60-tablet, 2-refill supply at issue here. Therefore, the request is not medically necessary.