

<b>Case Number:</b>	CM14-0211915		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/06/1997
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 42-year-old man with a date of injury of August 6, 1997. The mechanism of injury occurred when the IW was working as a maintenance lead worker. He let go of a line holding plug, and fell backward onto a manhole cover, injuring his spine. The injured worker's working diagnoses are lumbar disc degeneration; and lumbago. There is a sole progress note in medical record dated February 6, 2014. According to the documentation, the IW complains of low back pain. Objectively, a flattened lumbar lordosis is noted. Squat to stand is intact with normal hip, knee, and ankle range of motion. Straight leg raise test is negative bilaterally. Motor with normal muscle bulk, tone and strength in both lower extremities. Sensation was intact to bilateral lower extremities. The IW is able to work. He had a recent flare-up, but is now back to baseline. The treating physician reports the IW is stable on long-term use of opioids and non-opioid medications for treatment of chronic pain. Current medications are Carisoprodol 350mg started November 4, 2013, and Norco 10/325mg started November 4, 2013. There were no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of Norco and Carisoprodol. The current request is for Carisoprodol 350mg #200 (3 month supply), and Hydrocodone-Acetaminophen 10/325mg #200 (3 month supply).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-acetaminophen 10/325mg quantity 200; 3 month supply: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/acetaminophen 10/325 mg #200 with 3 month supply is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, there is a single progress note dated February 6, 2014. There are no other clinical documents in the medical record. Norco was first described on November 4, 2013. There are no pain assessments in the medical record. There were no risk assessments in the medical record. There are no VAS scores in this subjective section of the medical records. There is no documentation of objective functional improvement in the medical record. Consequently, absent clinical documentation to support the ongoing use of hydrocodone/acetaminophen 10/325 mg with evidence of objective functional improvement, hydrocodone/acetaminophen 10/325 mg #200 with 3 month supply is not medically necessary.

**Carisoprodol 350mg quantity 200; 3 month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 29, 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Med Treatment Guidelines and the Official Disability Guidelines, Carisoprodol (Soma) #200 with a three month supply is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, there is a single progress note dated February 6, 2014. There are no other clinical documents in the medical record. Soma was first described on November 4, 2013. There are no pain assessments in the medical record. There were no risk assessments in the medical record. There are no VAS scores in this subjective section of the medical records. There is no documentation of objective functional improvement in the medical record. Consequently, absent clinical documentation to support the ongoing use of Soma 350 mg with evidence of

objective functional improvement, Carisoprodol (soma) 350 mg #200 with a three-month supply is not medically necessary.