

<b>Case Number:</b>	CM14-0213139		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Arizona, Texas  
 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 is a 50year old man with a work related injury dated 11/18/02 resulting in chronic pain of the low back. The patient was evaluated by the primary treating physician on 10/28/14. He continued to complain of occasional flare ups of low back pain with right leg radicular symptoms rated as 3-4/10. He takes Norco and soma for the pain which are helping "a little". The physical exam shows tenderness to the lumbar spine with spasm and tightness with decreased range of motion. The straight leg raise maneuver is positive. The diagnoses include lumbar discopathy and status post lumbar microdiscectomy and decompression. The plan of care includes Soma 350mg #90 and Norco 10/325mg #120. The provider notes the pain medication decreases the pain so patient can do ADLs. Under consideration is the continued medical necessity of Norco (Hydrocodone/Apap) 10/325mg and Soma 350mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Apap 10/325mg #120:** Upheld

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

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

**Decision rationale:** Norco 10/325mg is a combination medication including Hydrocodone and Acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the patient has used this medication long term and there is not documentation supporting return to work. Furthermore the patient reports minimal improvement in pain with the use of the medications. The continued use of Norco 10/325mg is not medically necessary.

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as Soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. The continued use of Soma is not medically necessary.