

<b>Case Number:</b>	CM15-0005109		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/03/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male who sustained a work related injury August 3, 2007. He was helping to lift heavy trusses when he felt pain in his lower back. His diagnosis was documented as lumbosacral sprain and was treated with medications, physical therapy and return to work on light duty. According to a primary treating physician's report dated October 14, 2014, a diagnosis of bilateral L5 radiculitis secondary to L5-S1 degenerative spondylosis with foraminal stenosis and noted ventral abdominal hernia was made with recommendation of a bilateral L5-S1 foraminotomy. Pre-operative lab studies were abnormal and scheduled lumbar surgery was cancelled for October 28, 2014. A request for authorization for medications Norco and Soma was made December 19, 2014. According to utilization review dated December 10, 2014, the request for Norco 5/325mg #60 was modified to Norco 5/325mg #45. The request for Soma 350mg #60 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 1/8/15 attorney letter shows a dispute with the 12/10/14 UR denial for Norco and Soma, but the IMR application shows dispute with the 11/04/14 UR denial of Norco and Soma. The attorney provided a copy of the 12/10/14 UR denial letter. The 11/4/14 UR denial letter was based on non-timely response to a 10/29/14 request for additional information. The reviewer wanted to know the date Norco and Soma were last taken, functional improvement, and monitoring and compliance with UDS. On 11/03/14, the family practice physician's office provided a response on the 10/29/14 letter, stating the patient last took Norco and Soma on 9/26/14, and states to see the pain disability questionnaire, and that the patient had not been sent out for a urine drug screen. The 10/14/14 medical report shows the diagnoses as bilateral L5 radiculitis secondary to L5/S1 degenerative spondylosis and foraminal stenosis; bilateral lower extremity radicular symptoms; ventral abdominal umbilical hernia. The patient has surgical recommendations from the orthopedic spinal surgeon. His work status shows limited duty, with restrictions on sitting, standing over 30 mins and lifting over 20 lbs. The patient did complete the pain and functional assessment questionnaire on 10/14/14. The 10/27/14 orthopedic surgery preoperative exam note documents pain and function and states alleviating factors include use of Norco and Soma. The records show the patient had been using Norco 10/325mg on 12/20/13 and was reported to be on 10/325mg Norco, 3/day on 10/13/14. On 10/14/14 the treating physician prescribed Norco 5/325mg 4/day, the current request from 11/10/14 is for Norco 5/325 2/day. It appears that the patient is being tapered off of Norco, although he anticipating a lumbar spinal surgery. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The patient has had pain and function measured with a validated instrument and does show a satisfactory response with decreased pain. The physician is in the process of tapering the patient. MTUS does not require weaning of opioids that are providing a satisfactory response. In this case, the use of Norco 5/325mg, #60 IS medically necessary.

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

**Decision rationale:** The 1/8/15 attorney letter shows a dispute with the 12/10/14 UR denial for Norco and Soma, but the IMR application shows dispute with the 11/04/14 UR denial of Norco and Soma. The attorney provided a copy of the 12/10/14 UR denial letter. The 11/4/14 UR denial letter was based on non-timely response to a 10/29/14 request for additional information. The reviewer wanted to know the date Norco and Soma were last taken, functional improvement, and

monitoring and compliance with UDS. On 11/03/14, the family practice physician's office provided a response on the 10/29/14 letter, stating the patient last took Norco and Soma on 9/26/14, and states to see the pain disability questionnaire, and that the patient had not been sent out for a urine drug screen. The 10/14/14 medical report shows the diagnoses as bilateral L5 radiculitis secondary to L5/S1 degenerative spondylosis and foraminal stenosis; bilateral lower extremity radicular symptoms; ventral abdominal umbilical hernia. The patient has surgical recommendations from the orthopedic spinal surgeon. His work status shows limited duty, with restrictions on sitting, standing over 30 mins and lifting over 20 lbs. The patient did complete the pain and functional assessment questionnaire on 10/14/14. He was prescribed Soma 350mg, q6 hours, #120. On 11/10/14 he was prescribed Soma 350mg, #60. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use". MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma), Soprodal 350", Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The records show the patient has been using Soma since 10/14/14, and was prescribed a 1-month supply on 11/10/14. MTUS guidelines do not recommend use of Soma over 3-weeks. The request exceeds MTUS recommendations. The request for Soma 350mg, #60 IS NOT medically necessary. prescribed a 1-month supply on 11/10/14. MTUS guidelines do not recommend use of Soma over 3-weeks. The request exceeds MTUS recommendations. The request for Soma 350mg, #60 IS NOT medically necessary.