

<b>Case Number:</b>	CM15-0015005		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	05/07/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 female, who sustained an industrial injury on 5/7/2011. She has reported back pain with radiation to lower extremities. The diagnoses have included lumbago, degeneration of lumbar spine, spinal stenosis, and displacement of lumbar disc. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxer, and activity modification. Currently, the IW complains of intermittent back pain with radiation to lower extremities associated with weakness and tingling. Physical examination from 9/3/14 documented lumbar spinal tenderness with straight leg raise positive and no sensory deficit. Plan of care was for continuation of medications. On 1/15/2015 Utilization Review non-certified Soma 350mg one tablet twice a day #60, Norco 10/325mg one every six hours #120, and Baclofen 10mg one three times a day #90, noting the documentation did not support the medical necessity. The MTUS and ODG Guidelines were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Soma 350mg one tablet twice a day #60, Norco 10/325mg one every six hours #120, and Baclofen 10mg one three times a day #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG By Mouth BID #60: Upheld**

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

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

**Decision rationale:** MTUS notes that Soma is not a recommended treatment because it's metabolite is Meprobamate which is a controlled substance with addiction potential. Soma is not necessary for this patient. It is not a MTUS recommended treatment. Also, the patient is using this medication long term and the long term administration muscle relaxants is also not recommended treatment.

**Norco 10/325 MG Every 6 Hours By Mouth #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** MTUS guidelines note that for on-going opiate treatment there must be documentation of analgesia, monitoring for adverse effects, objective documentation of improved functionality with respect to activities of daily living or work and monitoring for drug seeking abnormal behavior. The documentation provided for review did not meet MTUS criteria and continued Norco is not medically necessary.

**Baclofen 10 MG By Mouth Every TID #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 Page(s): 63 - 66.

**Decision rationale:** The patient does not have documented spasticity or any other FDA approved indication for Baclofen. Also, for muscle relaxants in general, they should be used for short term treatment as they have the potential to decrease mental and physical abilities. Baclofen is not medically necessary for this patient.