

<b>Case Number:</b>	CM15-0174388		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 32 year old male, who sustained an industrial injury on November 20, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc displacement with radiculopathy and lumbar spine disc displacement with radiculopathy. On August 3, 2015, the injured worker reported constant, aching, stiffness, spasms, numbness in feet, hands, back and legs, with leg cramping, shooting stabbing pain in neck and back, with constant pain in the upper mid back, and headaches. The Primary Treating Physician's report dated August 3, 2015, noted the injured worker with limited cervical spine and lumbar spine active range of motion (ROM), positive straight leg raise on the right, a slow guarded gait, and tenderness of the cervical spine and lumbar spine. The treatment plan was noted to include a request for a custom LSO for daily use. The injured worker's work status was noted to be permanent and stationary. The Primary Treating Physician's report dated May 4, 2015, noted the injured worker reporting constant aching, sharp, shooting, spasms, and cramping of the neck and back. The physical examination was noted to show tenderness to the cervical spine, trapezius, thoracic spine, and lumbar spine, with limited lumbar spine range of motion (ROM) with pain, and positive bilateral straight leg raise. The treatment plan was noted to include continuation of the medications of Norco, Soma, and Motrin. The Primary Treating Physician's request for authorization was noted to include a custom LSO brace, Motrin 800 MG #60, Soma 350 MG #90, and Norco 10/325 MG #120. The Utilization Review (UR) dated August 20, 2015, certified the request for Motrin 800mg #60, and non-certified the requests for a

custom LSO brace, Soma 350 MG #90, and Norco 10/325 MG #120. A hand written letter of appeal written by the patient 8/31/15 was reviewed.

### **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Provider's documentation is exceedingly poor. There is no documentation of any VAS score or any assessment concerning improvement in pain or function. There is no documentation of any monitoring of patient for side effects or risk of abuse. There is not a single mention of a pain contract, urine drug screen or review of CURES. While patient's letter helps quantify improvement in ADLs, the lack of documentation from provider does not support requested prescription. Norco is not medically necessary.

**Soma 350 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The poor documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication is not medically necessary.

**Custom LSO Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

**Decision rationale:** As per ACOEM Guidelines, lumbar supports such as LSO brace has no lasting benefits beyond acute phase for symptom relief. Patient's pain is chronic. There is no rationale as to why a brace was being worn for chronic back pain or why a new LSO brace was needed. LSO (Lumbar sacral orthosis) brace is not medically necessary.