

<b>Case Number:</b>	CM15-0027708		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Pain Management

### 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 was a 47 year old female, who sustained an industrial injury, March 10, 2009. According to progress note of January 16, 2015, the injured workers chief complaint was back pain with radiation to the left lower extremity associated with numbness and tingling. The injured worker was also having spasms and a burning sensation. The injured worker rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was also complaining of stress and insomnia. The physical exam noted paraspinal spasms and tenderness to palpation. The lumbar spine range of motion of forward flexion was 10 out of 60 degrees, extension was 5 out of 25 degrees, right lateral bend of 5 out of 25 degrees and left lateral bend of 5 out of 25 degrees with pain. The injured worker was diagnosed with annular tear at L3-L4 with herniated nucleus pulposus, herniated nucleus pulposus and foraminal stenosis at L5-S1 level, left lower extremity radiculopathy and weight gain secondary to orthopedic injury. The injured worker previously received the following treatments aqua therapy, physical therapy stopped due to no progression, Soma and Ultracet, random toxicology laboratory studies, MRI of the lumbar spine on September 23, 2014 and EMG (electromyography) of bilateral lower extremities. December 30, 2014, the primary treating physician requested authorization for prescription for Soma 350mg #60 and Ultracet 37.5/325mg #60. On January 20, 2015, the Utilization Review denied authorization for prescription for Soma 350mg #60 and Ultracet 37.5/325mg #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

**Ultracet 37.5.325 mg #60:** 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 Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Ultracet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet is not medically necessary.