

<b>Case Number:</b>	CM15-0074651		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/02/1998
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 5/2/98. She has reported initial complaints of neck, low back and upper extremities injuries doing repetitive work at a bakery. The diagnoses have included reflex sympathetic dystrophy of the bilateral upper extremities, low back pain, neck pain, and opiate tolerance. Treatment to date has included medications, spinal cord stimulator implant, morphine pump trial, physical therapy and conservative measures. Currently, as per the physician progress note follow up evaluation dated 3/24/15, the injured worker complains of low back pain that radiates down both legs. The pain was unchanged and rated 10/10 on pain scale the same as previous visit dated 2/24/15. The pain also radiates from the neck to the left shoulder with numbness and tingling. She has an implanted spinal cord stimulator in place. The objective findings revealed sensation was decreased bilaterally in the L4 dermatome, absent patellar tendon reflexes, she ambulates with use of a cane and there was decreased range of motion in the lumbar spine in flexion and extension. The physician requested treatments included Ibuprofen 800 mg quantity of 90, Norco 10/355 mg quantity of 90, and Soma 350 mg quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks the claimant required the use of a PPI while on Ibuprofen. Pain was consistently 10/10 without mention of pain level with medication use. Continued use of Ibuprofen is not medically necessary.

**Norco 10/355 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDs and Soma. Pain was consistently logged at 10/10. Score response to medication was not noted. Failure of tricyclic or Tylenol or a lower dose/ weaning attempt was not noted. The chronic use of Norco is not medically necessary.

**Soma 350 mg Qty 90:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.

