

<b>Case Number:</b>	CM15-0079212		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/09/2009
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 53 year old female who sustained an industrial injury on 8/9/09. The injured worker reported symptoms in the back. The injured worker was diagnosed as having status post L4-L5 and L5-S1 lumbar interbody fusion with retained pedicle instrumentation (9/25/10) and post-laminectomy syndrome. Treatments to date have included oral pain medication, activity modification and status post lumbar fusion. Currently, the injured worker complains of lumbar back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, the above requirements are not fully documented. A taper has been recommended at this time. According to the clinical documentation provided and current MTUS guidelines; Norco is not medically necessary to the patient at this time.

**Soma 350mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Soma is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Soma requested is not being used for short term therapy. A taper has been recommended at this time. According to the clinical documentation provided and current MTUS guidelines; Soma is not medically necessary to the patient at this time.