

<b>Case Number:</b>	CM13-0002601		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female who reported an injury on 11/15/2010. The mechanism of injury was not provided for review. The patient ultimately underwent an anterior cervical fusion at the C4-5 and C5-6 levels. The patient developed chronic neck pain that was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. Prior treatments have included physical therapy, medications, activity modifications and epidural steroid injections. The patient's most recent clinical evaluation dated 10/11/2013 documented that the patient's medication schedule included gabapentin 300 mg, Soma 350 mg, Norco 10/325 mg, Ambien and clonidine. Physical findings included moderate left tenderness and spasming of the cervical spine with restricted range of motion secondary to pain. The patient's diagnoses included failed neck surgery syndrome, sprain/strain of the neck, shoulder impingement syndrome and degenerative disc disease of the cervical spine. Treatment recommendations for this patient included the continuation of medications and the continuation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The requested Norco 10/325 mg #120 with 1 refill is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids be supported by a quantitative assessment of pain relief, documentation of functional improvement, managed side effects and evidence that the patient is compliant with the prescribed medication schedule. The clinical documentation does include several urine drug screens that have been consistent with the patient's medication usage. However, the clinical documentation fails to provide a quantitative assessment of pain relief to establish the efficacy of medication usage. Additionally, there was no documentation of functional benefit to support continued use. As such, the requested Norco 10/325 mg #120 with 1 refill is not medically necessary or appropriate.

**SOMA 350MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Soma 350 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long-term use of this medication. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. As the California Medical Treatment Utilization Schedule limits the use of this medication to acute exacerbations and for a duration of 2 to 3 weeks, there is no documentation that the patient has recently had an acute exacerbation of pain to support the use of this medication. Additionally, there were no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested Soma 350 mg #120 is not medically necessary or appropriate.