

<b>Case Number:</b>	CM13-0061191		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/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 60 year old female with date of injury of 07/24/2012. The listed diagnoses per [REDACTED] dated 10/17/2013 are: 1. Cervical spine multiple disc degeneration neural foraminal stenosis mild bilaterally at C5-6 per MRI September 18, 2012 2. Complex regional pain syndrome right upper extremity 3. Right shoulder partial-thickness tear, microfracture of the anterior glenoid and moderate degeneration of the AC joint per MRI August 6, 2012 4. Right proximal humerus fracture partially comminuted per MRI August 6, 2012 5. Cervical sprain/strain with myofasciitis underlying degenerative disc disease According to the progress report, the patient complains of pain in her right neck and shoulder. She also remains symptomatic in her right upper extremity. The patient does note a benefit from her current pain medicine regimen. She is currently utilizing Gabapentin for neuropathic pain. Medications prescribed by [REDACTED] include Norco 5/325 mg, Motrin 800 mg, and Soma 350 mg. She denies any side effects from her medications. The examination shows moderate tenderness and spasm in the right trapezius musculature with active trigger point appreciated. There is a positive jump response with palpation to the area. There is referred pain with palpation without radicular signs. There is also tenderness in the right paracervical musculature. There is mild-to-moderate swelling noted in the right hand and wrist. The patient is unable to make a full fist. The treater is requesting refills for Norco, Naproxen, and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 60, 61, 88, and 89.

**Decision rationale:** This patient presents with neck, shoulder, right upper extremity pain. The treater is requesting a refill for Norco for breakthrough pain. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports from 04/25/2013 to 10/17/2013 show that the patient has been taking Norco since 04/25/2013. The treater documents medication efficacy stating, "The patient does note a benefit from her current pain medicine regimen....She denies any side effects from her medications." Other than this generic statement, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. There were no outcome measures, specific ADLs, and return to work discussion provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

**NAPROXEN 550MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 60, 61, 67, and 68.

**Decision rationale:** This patient presents with neck, shoulder, right upper extremity pain. The treater is requesting a refill for Naproxen. The MTUS Guidelines on chronic pain page 60 to 61 recommends NSAIDs for pain relief generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvement in function and increased activity. Furthermore, MTUS page 67,68 on neuropathic pain states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis." The treater documents medication efficacy stating, "The patient does note a benefit from her current pain medicine regimen. She denies any side effects from her medications." The patient has been on Naproxen since 10/17/13. Recommendation is for authorization given the MTUS support for NSAIDs for chronic pain.

**SOMA 350MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma (R) Page(s): 29, and 64.

**Decision rationale:** This patient presents with neck, shoulder, and right upper extremity pain. The treater is requesting a refill for Soma, a muscle relaxant. The MTUS page 64 recommends muscle relaxants as a short course of therapy with limited and mixed evidence. Carisoprodol is a skeletal/muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The review of reports from 04/25/2013 to 10/17/2013 show that the patient has been on Carisoprodol since 04/25/2013. In this case, the MTUS guidelines does not recommend the long-term use of this medication. Recommendation is for denial.