

<b>Case Number:</b>	CM14-0137841		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/27/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 & Rehabilitation and Pain Management, 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 35-year-old female with a date of injury of 08/27/2009. The listed diagnoses per [REDACTED] are: 1. Brachial neuritis, NOS (not otherwise specified). 2. Lumbosacral neuritis, NOS (not otherwise specified). 3. Carpal tunnel syndrome. According to progress report 05/28/2014, the patient presents with an increase in low back pain with radiating pain down both legs. The patient is also complaining of increase of wrist, finger, and hand pain with numbness and tingling in the hands. Examination revealed tenderness to the cervical spine and trapezius area. There was weakness noted in the right hand and mild weakness noted in the legs. Report 03/12/2014 indicates the patient has tenderness to the cervical and lumbar spine, weakness noted in her strength grip. There is positive Tinel's and Phalen's bilaterally. The treater is requesting Soma 350 mg #90 and Norco 10-325mg #120. Utilization review denied the request on 08/05/2014.

### 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, specific drug list: Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 88-89 Page(s): 88-89.

**Decision rationale:** This patient presents with an increase in low back pain with radiating pain down both legs. The patient is also complaining of increase of wrist, finger, and hand pain with numbness and tingling in the hands. The treater is requesting Norco 10/325mg #120. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, Norco 10/325mg #120 is not medically necessary and appropriate.

**Soma 350mg #90:** 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) Page(s): 29.

**Decision rationale:** This patient presents with increase in low back, neck, wrist, and hands. He is requesting Soma 350 mg #90. The MTUS page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain)." In this case, the treater has recommended Soma for long-term use, and muscle relaxants are recommended for short-term use only. Furthermore, review of progress reports from 10/23/2013 through 05/28/2014 does not document muscle spasms in this patient. Therefore, the request of Soma 350mg #90 is not medically necessary and appropriate.