

<b>Case Number:</b>	CM14-0171276		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Pain Management, 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 injured worker is a 28-year-old male who sustained an injury on May 27, 2013. He is diagnosed with (a) possible internal derangement of the left shoulder, (b) cervical spine sprain/strain, (c) left shoulder sprain/strain, and (d) myalgia/myositis. He was seen for an evaluation on March 13, 2014. He presented with complaints of frequent slight pain to the cervical and left shoulder regions and radiations to the lateral aspect of the left arm. An examination revealed 2+ deep tendon reflexes bilaterally and symmetrically. Sensory examination to light touch was decreased in the left arm. Moderate tenderness was noted over the paraspinous muscles of the cervical region and over the left shoulder musculature. Cervical range of motion was limited. Soto Hall test, cervical compression test, and cervical distraction test were positive producing pain in the cervical region. Range of motion of the left shoulder was limited. Dugas test, Apley test, empty can test, and apprehension test were positive producing left shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg one three times a day (no quantity given): 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 Opioids, criteria for use Page(s): 76-77.

**Decision rationale:** The request for Norco 10/325 mg is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions. While the injured worker reported that medications helped his pain, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for Norco 10/325 mg. Therefore, this request is not medically necessary.

**Soma 350mg 1 every HS (no quantity given):** 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 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for Soma is not medically necessary at this time. The use of this medication is not supported by the guidelines. More so, the quantity for the requested medication has not been specified. Therefore, this request is not medically necessary.