

<b>Case Number:</b>	CM14-0025683		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/08/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 presented with the date of injury of November 8, 2001. A Secondary Treating Physician's Progress Report dated February 3, 2014 identifies Current Complaints of low back pain with radiation to the lower extremities, neck and upper back pain more to the left with radiation to the shoulder, and bilateral shoulder pain greater on the right. Physical Examination identifies there is slight spasm in the mid and lower cervical region. AROM 80% of normal. There is slight tenderness and slight spasm from T2 to T7. There is tenderness of the acromioclavicular region, more on the right than the left. Decreased shoulder range of motion bilaterally. There is slight to moderate paralumbar muscle spasm, more on the left than the right. Decreased lumbar spine AROM. SLR test is positive to the left at 70 degrees in sitting position and to the right at 80 degrees. Diagnoses identify lumbar strain with left lumbar radiculitis, upper thoracic strain, cervical strain with bilateral cervical radiculitis, bilateral shoulder strain, and secondary depression and anxiety due to chronic pain. Recommendation identifies continue Norco and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325 MG, # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. MTUS Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, the request for Norco 5/325 mg # 60 is not medically necessary and appropriate.

**SOMA 350 MG # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. The MTUS Chronic Pain Medical Treatment Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, the documentation provided does not indicate that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by MTUS guidelines. In the absence of such documentation, the request for Soma 350 mg # 60 is not medically necessary and appropriate.