

<b>Case Number:</b>	CM14-0029952		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 an approximately 43-year-old woman with a date of injury of 08/02/2011. The Utilization Review identified the mechanism of injury as lifting heavy trash to remove it, resulting in a left shoulder injury. Office visit notes by [REDACTED] dated 11/07/2013, 11/07/2013, 12/10/2013, 02/07/2014, and 03/11/2014 reported the worker was experiencing long-term daily episodes of left shoulder pain that was worsened with repeated pushing, lifting, and pulling and also occasional muscle spasms in the left shoulder. The documentation indicated the pain was its worst toward the end of the work day. Intensity was rated as approximately 6 and decreased to 2 on a 0-10 scale with the use of the combination hydrocodone/ automatic positive airway pressure (APAP) (Norco) medication. While the worker reported some continued limited function, the documentation recorded the worker achieved enough improvement to return to and maintain full function at work. The documented examinations consistently described decreased left shoulder motion and tenderness in the rotator cuff. The submitted and reviewed documentation concluded the worker was suffering from left shoulder impingement syndrome. The treatment included a left shoulder injection, shoulder surgery in 07/2012, physical therapy, a TENS unit, hot and cold wraps, and medications. A Utilization Review decision by [REDACTED] was rendered on 03/05/2014 recommending non-certification for Carisoprodol (Soma) and for partial certification for hydrocodone/APAP (Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 75-80 Page(s): 75, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-95 Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The documentation of pain assessments should include such elements as the current pain intensity and the pain intensity after taking the opioid medication. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. However, an ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. A review of [REDACTED] office visit notes dated 11/07/2013, 11/07/2013, 12/10/2013, 02/07/2014, and 03/11/2014 demonstrated the use of opioid medications decreased pain intensity from approximately 6 to a 2 on a 0-10 scale and improved the worker's ability to lift the amount of weight necessary for the worker to function at work. While no one individual note recorded all of the pain assessment elements suggested and encouraged by the MTUS Guidelines, the notes in total provided these elements over a relatively brief period of time. The submitted and reviewed documentation also noted non-opioid methods of pain control and indicated these methods were encouraged. While the submitted documentation did not include urinary drug screening, a "pain contract," or a referral to a psychiatrist for depression in the setting of a need for continued opioid use, these aspects of care are strongly encouraged but not required for all workers whose treatment plan includes opioid medications. In the presence of this evidence, the current request for hydrocodone/APAP (Norco), #120 is medically necessary.

**Soma 350mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 29 Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-66 and Carisoprodol (Soma), page 29 Page(s): 63-66, 29.

**Decision rationale:** Carisoprodol (Soma) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. In addition, the literature has described an

increased risk of euphoria that can occur specifically with the combined use of Carisoprodol with hydrocodone, which the documentation demonstrated was an on-going part of the worker's treatment plan. [REDACTED] office visit notes dated 11/07/2013, 11/07/2013, 12/10/2013, 02/07/2014, and 03/11/2014 described long-term and on-going left shoulder pain. There was no reported lower back pain, nor was the pain described as a recent flare. The submitted and reviewed documentation also indicated the worker had used this medication for a minimum of three months, far longer than the Guidelines would recommend. For these reasons, the current request for Carisoprodol (Soma), #90 is not medically necessary.