

<b>Case Number:</b>	CM14-0031699		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/08/2004
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 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 51-year-old female who reported an injury 07/08/2014. The mechanism of injury was not provided within the medical records. The clinical note dated 01/20/2014 is largely illegible. The injured worker reported ongoing severe sharp pain to the right shoulder with more pain with cool weather. The injured worker generally benefitted from medication with quality of life. On physical examination, the injured worker's entire right upper extremity was painful with palpation. The injured worker's prior treatments included diagnostic imaging, and medication management. The injured worker's medication regimen included Norco, MS-Contin, nortriptyline, and Soma. The provider submitted request for Norco, MS-Contin, and Soma. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg qid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg 4 times a day is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate the number of tablets requested. Therefore, the request for Norco 10/325 mg 4 times a day is not medically necessary.

**MS Contin 60mg bid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The request for MS Contin 60mg twice a day is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate the total number of tablets requested. Therefore, the request for MS-Contin 60 mg twice a day is not medically necessary.

**Soma tid:** Upheld

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

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

**Decision rationale:** The request for Soma tid is non-certified. The California MTUS Guidelines state Soma is not recommended. Soma is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. There is a lack of significant evidence of objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker has been prescribed this medication since at least 03/07/2013. This exceeds the guidelines' recommendation. Furthermore, the provider did not indicate a dosage or quantity for this medication. Therefore, the request for Soma 3 times a day is not medically necessary.