

<b>Case Number:</b>	CM14-0032296		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/13/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Nevada. 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 43-year-old male who was reportedly injured on September 13, 2009. The mechanism of injury was noted as pulling a hose from a hose reel. The most recent progress note dated May 20, 2014 from the chiropractic clinic, indicated there were ongoing complaints of shoulder pain. The physical examination demonstrated a painful decreased range of motion throughout the entire upper extremity. Diagnostic imaging studies were referenced but not presented for review. Previous treatment included chiropractic care, multiple medications and other interventions. A request was made for the medications Norco and Soma and was not certified in the pre-authorization process on March 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**Decision rationale:** This medication is a short acting opioid that has a clinical indication for the management of severe to breakthrough pain. However, there is no current detailed narrative as to

the efficacy or utility of this preparation, and there was no noted increase in functionality, range of motion or ability return to work. Therefore, there was no data presented to suggest this medication is ameliorating the symptomatology at all. As such, based on the data provided, this is not medically necessary.

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This is a muscle relaxant medication indicated for the short term and in frequent use or dressing to exacerbation of myofascial components of chronic low back pain. Noting the side effect profile and that this is not recommended for chronic pain for indefinite use, there was no data presented to support this request. Accordingly, this is not medically necessary.