

<b>Case Number:</b>	CM14-0049069		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 55-year-old male who reported an injury on 05/28/2008. The mechanism of injury was not submitted with the documentation. The injured worker's treatments were noted to be medications and physical therapy. The injured worker's diagnosis was noted to be knee pain. The injured worker had an evaluation on 12/11/2013. The Physician's Progress Report noted subjective complaints of bilateral knee pain. The injured worker reported no change in the location of pain, no new problems or side effects, no new therapies or pain relief. The objective note indicated no limitation in flexion, extension, internal rotation or external rotation to the right knee. The inspection of the left knee indicated bow leg deformity; an 8 inch surgical scar, healed; moderate swelling; range of motion restricted, with flexion limited to 90 degrees and extension limited to 140 degrees; and tenderness to palpation over the lateral joint line and patella. The treatment plan included refilling medications and a follow-up in 4 weeks. The provider's rationale for the requested Norco 10/325 is for pain. The provider's rationale for Soma 350 mg is for spasms. The Request for Authorization for Medical Treatment for Norco and Soma was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #90:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical evaluation noted in the Physician's Progress Report from 12/11/2013 fails to provide an adequate pain assessment. The injured worker is not noted to have a satisfactory response to the treatment with Norco; it is not indicated that he has decreased pain, an increased level of function or improved quality of life. In addition, the request fails to indicate a frequency for Norco. Therefore, the request for Norco 10/325 (Quantity: 90.00) is not medically necessary.

**Soma 350mg #60:** 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 California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not indicated for long-term use. Abuse has been noted for its sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter the effects of other drugs. This includes the following: increasing the sedation of benzodiazepines or alcohol; used to prevent the side effects of cocaine; used with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, an effect that some abusers claim is similar to heroin; and as a combination with codeine. There was a 300% increase in the numbers of emergency room episodes related to Soma from 1994 to 2005. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia when abrupt discontinuation of large doses occurs. There is little research in terms of weaning of high dose Soma, and there is no standard treatment regimen for patients with known dependence. The clinical documentation noted on the Physician's Progress Report dated 12/11/2013 does not indicate how long the injured worker has been using Soma; the guidelines indicate that Soma is not indicated for long-term use. Soma is not recommended by the

guidelines. The request for Soma does not indicate a frequency. As such, the request for Soma 350 mg (Quantity: 60.00) is not medically necessary.