

<b>Case Number:</b>	CM14-0053431		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/04/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 39 year old employee with date of injury of 6/4/2001. Medical records indicate the patient is undergoing treatment for headaches, shoulder joint pain, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, neck pain, disorder of the back, brachial neuritis and disorder of the trunk. He is status post left shoulder surgery (unknown date); status post intervertebral disk replacement, L5-S1 (6/7/2010); status post L5-S1 L5-S1 microdiscectomy; chronic cervical strain and minimal narrowing C4-5 and C5-6. Subjective complaints include ongoing neck, left shoulder back and bilateral lower extremity pain and headaches. His neck pain will radiate into the left paracervical region down along the lateral arm, ulnar forearm and into 4th and 5th fingers. Objective findings include Active Range of Motion: extension to 20 degrees and pain elicited by motion and flexion normal and no crepitus; increased pain with extension. Sensation on the left: C7 decreased sensation of the middle finger and C8 decreased sensation of the 4th and 5th digits, ulnar hand and distal forearm. Lumbar Spine: no tenderness of the sacral promontory, sacrum or coccyx and tenderness of the spinous process at L5. Bony Palpation of the Right Hip has tenderness of the SI joint and the greater trochanter; painful range of motion right hip. Bony Palpation of the Left Hip: tenderness of the SI joint. Active Range of Motion: pain with motion; painful, restricted ROM. Motor Strength on the left: ankle dorsiflexion tibialis anterior 3/5 and great toe extension extensor hallucis longus 3/5. Motor Strength on the right: plantar flexion gastrocnemius 5/5. S1 Motor Strength on the Left: plantar flexion gastrocnemius 4/5. Left shoulder flexion to 120 degrees with slight pain. Treatment has consisted of Norco and Soma, physical therapy and spinal cord stimulator trial. He had EMG/nerve conduction studies (6/6/2011) of the upper extremities and the study was normal. The patient had cervical epidural steroid injections for forminal stenosis of C6-7. He had

injections on 8/31/11, 1/19/12, 2/13/12 and 3/12/12. The utilization review determination was rendered on 4/11/2014 recommending non-certification of Retrospective for date of service 01/10/2014, Soma 350mg 1 tab po every 8 hours #90; Retrospective for date of service 02/06/2014, Norco 10/325mg 1-2 tabs every 6 hours as needed #240; Retrospective for date of service 02/06/2014 Soma 350mg 1 tab po every 8 hours #90 and Retrospective for date of service 01/10/2014 Norco 10/325mg 1-2 tabs every 6 hours as needed #240.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective for date of service 01/10/2014, Soma 350mg 1 tab po every 8 hours #90:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." Official Disability Guidelines states that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The patient has been on the medication since 8/3/2011. The treating physician has exceeded MTUS and Official Disability Guidelines for Soma. The treating physician has not provided a medical rationale to exceed the guidelines. As such, the request for Retrospective for date of service 01/10/2014, Soma 350mg 1 tab po every 8 hours #90 is not medically necessary.

**Retrospective for date of service 02/06/2014, Norco 10/325mg 1-2 tabs every 6 hours as needed #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** Official Disability Guidelines does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Retrospective for date of service 02/06/2014, Norco 10/325mg 1-2 tabs every 6 hours as needed #240 is not medically necessary.

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