

<b>Case Number:</b>	CM14-0073322		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/25/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 records presented for review indicate that this 61 year-old individual was reportedly injured on 4/25/2005. The mechanism of injury is not listed. The most recent progress note, dated 4/14/2014. Indicates that there are ongoing complaints of neck pain that radiates into the right shoulder. The physical examination demonstrated cervical spine: positive tenderness to palpation over the cervical spine, normal range of motion with pain and muscle spasm. Cervical spine compression test is positive with pain that radiates slightly to the right shoulder. Tenderness to palpation over the right shoulder. Decreased range of motion of the right shoulder. Positive Neers Test. Decreased Sensation along the right C-5-C7 dermatome. No recent diagnostic studies were available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Vicodin 300 mg #60, Soma 350 mg #60, and was not certified in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 300 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Vicodin (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Vicodin is not medically necessary.

**Soma 350 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

**Decision rationale:** The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication is deemed not medically necessary.