

<b>Case Number:</b>	CM14-0075378		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Occupational Medicine 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 patient is a 48-year-old female who has submitted a claim for cervical spinal stenosis associated with an industrial injury date of July 17, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant, severe pain in her neck with 6-10 severity radiating to her left shoulder and left upper arm. On examination, patient had absent right triceps reflex and limited range of motion at the C6 spine level. Treatment to date has included acupuncture and medications including Norco, Soma and Zoloft. Utilization review from May 16, 2014 denied the request for Norco 10/325 mg #120 was denied because there was no documented objective evidence of derived functional benefit. The request for Soma 350 mg #60 was also denied because guidelines do not recommend the long term use of this drug nor its preferential use over NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 / 325 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Ongoing Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient had been taking Norco 10/325 mg for pain as far back as November 2013. There is no indication of an effort to use the lowest possible dose of Norco. There is also lack of compelling clinical evidence documenting subjective, objective and/or functional improvement as a direct result of use of this medication. In fact, the progress reports reviewed all state that the patient experienced severe pain during the visit. Moreover, there is no documentation of the presence or absence of opioid side effects. Finally, there is no urine screen provided in the medical records to monitor appropriate medication use. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

**Soma 350 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

**Decision rationale:** As stated on pages 29 & 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been using Soma as early as November 2013, which is beyond the recommended 2 to 3 week period. Furthermore, patient is likewise on Norco, which is not recommended to be used in conjunction with Carisoprodol as it has a high potential for abuse. Furthermore, muscle spasms were not evident in the recent progress reports. Therefore, the request for Soma 350 mg #60 is not medically necessary.