

<b>Case Number:</b>	CM14-0197654		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 47 year old male with an injury date on 1/14/03. The patient complains of neck pain, left buttock/hip pain, and a gait that favors his left leg, with VAS score of 5/10 per 10/30/14 report. The patient also complains of headaches, facial pain, right shoulder pain radiating to axilla, right inner arm pain radiating to elbow and numbness in right 3rd, 4th, and 5th fingers, lower back pain, and right leg pain per 8/5/14 report. The patient also has ongoing insomnia and PTSD per 8/5/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnoses are: 1) cervicgia, 2) PTSD, 3) lumbar degenerative disc disease, 4) new diagnosis of likely lumbar facet pain on left side at L45- and L5-S1. A physical exam on 8/5/14 showed "L-spine range of motion is limited; C-spine range of motion is limited." The patient's treatment history includes medications, 3 subacromial injections, physical therapy (preoperatively and postoperatively), EMG right upper extremity (mild CTS right), right shoulder MRI (full thickness tear anteriorly at supraspinatus), s/p 2nd surgery for supraspinatus tear repair. The treating physician is requesting Norco 10/325mg #180, and soma 350mg #120. The utilization review determination being challenged is dated 11/21/14. The requesting physician provided treatment reports from 2/24/14 to 10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78; 88-89.

**Decision rationale:** This patient presents with neck pain, left buttock/hip, right leg pain, lower back pain, and right shoulder pain. The treater has asked for NORCO 10/325MG #180 on 10/30/14. The patient feels that "pain medications are having a hard time keeping up with pain" per 8/5/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does indicate a decrease in pain with current medications. Including Norco, stating "pain levels are quite high without medication and functioning markedly reduced without medication" per 10/30/14 report. There is no discussion of this medication's prior efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.

**Soma 350 mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29; 63-66.

**Decision rationale:** This patient presents with neck pain, left buttock/hip pain. The treater has asked for SOMA 350MG #120 on 10/30/14. Patient has been taking Soma since 2/24/14 report. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for 8 months, but MTUS indicates only for short term use (2-3 weeks). The requested soma 350mg #120 is not indicated per MTUS guidelines. The request is not medically necessary.