

<b>Case Number:</b>	CM14-0208675		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old male with date of injury 8/1/14. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, shoulder pain and low back pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the bilateral shoulders, positive shoulder impingement sign bilaterally, decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinous musculature, positive bilateral straight leg raise. Diagnoses: bilateral rotator cuff syndrome, internal derangement bilateral shoulders, lumbar spine disc disease, lumbar sprain. Treatment plan and request: Soma, Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

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

**Decision rationale:** This 59 year old male patient has complained of neck pain, shoulder pain and low back pain since date of injury 8/1/14. He has been treated with physical therapy and medications to include Soma since at least 09/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

**Hydrocodone 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodine, Lortab) and Opioids, specif drug list, crit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 59 year old male patient has complained of neck pain, shoulder pain and low back pain since date of injury 8/1/14. He has been treated with physical therapy and medications to include opioids since at least 09/2014. The current request is for Hydrocodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone is not indicated as medically necessary.