

<b>Case Number:</b>	CM15-0101941		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 41-year-old female, who sustained an industrial injury on 11/1/00. She reported initial complaints of cumulative trauma/repetitive strain type injury to neck and back. The injured worker was diagnosed as having significant degenerative disc disease with loss of disc height at C5-6 with marginal osteophytes bridging anterior aspect of vertebrae; intractable neck, upper back and bilateral upper extremity pain; clinical depression associated with chronic pain syndrome. Treatment to date has included cervical intra-laminar epidural steroid injection C7-T1 (3/31/06 1/19/07, 12/13/12). Diagnostics included MRI cervical spine (7/15/01 and 3/27/07). Currently, the PR-2 notes dated 4/15/15 indicated the injured worker complains of ongoing difficulty with pain in her neck, upper back to the mid back and extending down both upper extremities. She rates this pain as 9/10 in intensity but is reduced to 5/10 with use of medications. She indicates she has had an increase in pain over the past month and caused her to take 1½ to 2 tablets of Norco at a time. She is asking that her prescription be increased. She also noted that she saw a general practitioner and was put on Atenolol for high blood pressure. The current medications listed as prescribed for this injured worker are: Ambien CR 12.5mg 1 at night for insomnia; Lyrica 50mg 1 3 times a day; Soma 350mg one 4 times a day PRN; Trazodone 100mg 2 at bedtime; Zoloft 100mg 1½ everyday; and Norco 10/325mg 1-1½ every 6 hours PRN. The provider references a cervical spine MRI from 3/27/07, which reveals an impression of minimal degenerative disc disease C3-4 and C5-6 with central 1-2mm disc bulge with central 1-2mm herniation at C5-6 with impingement upon cord and minor cord contour deformity; normal cord signal is maintained. She has had multiple epidural steroid injections and trigger point injections for the cervical spine area and trapezius muscles. This provider has requested authorization of Norco 10/325mg #150 and Soma 350mg #120 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 11/01/00 and presents with neck pain, upper back pain, and mid back pain extending down both upper extremities. The request is for NORCO 10/325 MG #150. The RFA is dated 04/15/15 and the patient is permanent and stationary. She has been taking Norco as early as 01/22/14 and treatment reports are provided from 01/22/14 to 05/13/15. 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." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 12/10/14, 01/08/15, and 02/05/15 reports state that the patient rates her pain as a 9/10 without medications and a 5/10 with medications. "She is able to maintain her current level of function and can tolerate activity much easier." The 03/05/15 report indicates that the patient rates her pain as a 9/10 without medications and a 6-7/10 with medications. Although the treater provides before and after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no specific examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The patient did have a urine drug screen conducted on 12/11/14 and was consistent with her prescribed medications. However, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

**Soma 350mg #120 with 3 refills:** Upheld

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

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

**Decision rationale:** The patient was injured on 11/01/00 and presents with neck pain, upper back pain, and mid back pain extending down both upper extremities. The request is for SOMA 350 MG #120 WITH 3 REFILLS. The RFA is dated 04/15/15 and the patient is permanent and stationary. She has been taking Soma as early as 01/22/14. MTUS Guidelines pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has significant guarding about the cervical spine with restricted painful movement noted in all planes of movement. She is diagnosed with significant degenerative disc disease with loss of disc height at C5-6 with marginal osteophytes bridging anterior aspect of vertebrae; intractable neck, upper back and bilateral upper extremity pain; clinical depression associated with chronic pain syndrome. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 01/22/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.