

<b>Case Number:</b>	CM15-0103722		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 56-year-old female, who sustained an industrial injury on 3/12/2001. She reported cervical spine, lumbar spine, bilateral shoulder, and bilateral knee pain. The injured worker was diagnosed as having cervical disc herniation with left upper extremity radiculitis, worsening left sided cervical radiculopathy, lumbar spinal stenosis, status post laminectomy with worsening pain and left lower extremity radiculopathy, right shoulder rotator cuff syndrome, right knee post-traumatic osteoarthritis, post arthroscopic surgery, left knee medial compartmental osteoarthritis post-traumatic, left shoulder sprain/strain, and partial thickness, partial width articular sided tear of the supraspinatus footprint. Treatment to date has included medications, magnetic resonance imaging. The request is for Norco, Soma and TENS unit. On 4/9/2015, she complained of worsening neck pain rated 6/10, and left shoulder pain rated 4/10, right shoulder pain rated 7/10, and bilateral knee pain rated 4/10. She was reportedly seen in the emergency room recently for chest pain, and was diagnosed with muscle spasms of the neck, upper back, and chest. She indicated that rest and medications help with the pain. Current medications are listed as Norco, Ambien, and Soma. Physical findings revealed a decreased range of motion and tenderness of the cervical spine, a positive straight leg raise test bilaterally, and positive Hawkins and Neers impingement. The treatment plan included referral for spine surgeon consultation, physical therapy for the right shoulder, TENS unit, Norco and Soma. The provider reported that she has been utilizing the TENS unit which gives her relief and allows her to continue working; and Soma was prescribed by the emergency room for muscle spasms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone 5/325mg) #90, 1 every 8 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, documentation stated that the worker uses Norco regularly; however, there was no associated report of how effective it was (measurably) at reducing pain levels and improving overall function, which would be required before considering any continuation. Regardless, however, the documentation also stated that Norco was being prescribed by her private physician. Therefore, due to the potential of having more than one provider prescribe opioids and from lack of evidence of benefit with use, the Norco will be considered medically unnecessary at this time.

**Soma (Carisoprodol) 350mg #90 1 every 8 hours: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66, Carisoprodol, p. 29.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was insufficient reporting of how effective Soma was at reducing pain and improving function with its use, as there was record of having used it in the past. Regardless, however, Soma is not recommended to be used on a chronic basis as was being used

and prescribed. Therefore, this request for Soma 350 mg #90 will be considered medically unnecessary. Weaning may be indicated.

**TENS Unit Extension (x12 months):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was some documentation which suggested previous use of the TENS unit with reported increased ability to work directly related to its ongoing use. Considering these statements included in the notes, it seems reasonable to continue this device for another 12 months as requested as it has been sufficiently effective to increase function.