

<b>Case Number:</b>	CM15-0169647		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old male who sustained an industrial injury on 9-29-09. Progress report dated 7-24-15 reports continued complaints of back and right shoulder pain and spasm. The pain is aching and throbbing rated 4 out of 10 with medication. Upon exam, he has neck weakness with atrophy of upper extremities and appears of have significant nerve injury due to cervical radiculopathy, avulsion injury, brachial plexopathy or other nerve impingement. Diagnoses include: lumbago low back pain, and shoulder joint pain. Plan of care includes: cervical MRI, recommend electrodiagnostic studies of the cervical spine and right upper extremity, continue medications, tried soma in the past and it was very helpful small prescription given. Work status: permanently disabled.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 6/23/15 it was noted that the injured worker rated his pain without medication 9/10 and 4/10 with medication. He also noted that he was able to cook, do laundry, shop, bathe, dress, and drive. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 3/2015. I respectfully disagree with the UR physician's assertion that there is no demonstrated medical necessity for opioid therapy 6 years after the DOI for the cited diagnoses. The injured worker has brachial plexopathy with atrophy. The request is medically necessary.

**Soma 350 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.