

<b>Case Number:</b>	CM15-0189820		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/31/1998
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2015

### 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 52 year old female, who sustained an industrial-work injury on 7-31-98. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervicogenic headaches, cervical sprain and myofascial pain. Medical records dated (6-4-15 to 8-12-15) indicate that the injured worker complains of neck pain with soreness and stiffness with associated headaches and migraines. The pain radiates to the bilateral shoulders, arms and hands with numbness and tingling sensation. The pain is rated 6-10 out of 10 on the pain scale but the injured worker reports that the medications decrease the pain to 2-5 out of 10 on the pain scale. Per the treating physician report dated 8-12-15 the work status is that she has closed the case with open future medical care. The physical exam dated 8-12-15 reveals exquisite tenderness throughout the cervical paravertebral, trapezius and interscapular area and rhomboids. There is restricted flexion and extension and side-to-side tilt and rotation. The physician indicates that the injured worker is prescribed Norco for severe pain and Soma for muscle relaxation. The current medications include Norco, Soma, Topamax and Tylenol. Treatment to date has included pain medication, Norco since at least 3-24-15, Soma since at least 8-12-15, activity modification, acupuncture, urine drug screen and other modalities. The treating physician does not indicate any signs of abuse of medications. The request for authorization date was 8-12-15 and requested services included Soma 350 mg #90 and Norco 10-325 mg #120. The original Utilization review dated 8-25-15 partially approved Soma 350 mg #45 and Norco 10-325 mg #60 for weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 08/12/15 with neck pain rated 4-5/10 with medications (10/10 without), and vertigo. The patient's date of injury is 07/31/98. The request is for Soma 350 mg #90. The RFA is dated 08/12/15. Physical examination dated 08/12/15 reveals exquisite tenderness to palpation of the cervical paraspinal musculature, trapezius, interscapular area, and rhomboid muscles with restricted range of motion in all planes. The patient is currently prescribed Norco and Soma. Patient's current work status is described as: "She has closed the case with open future medical care." MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) section, pages 63-66, under Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) states: "Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to the request for 90 tablets of Soma, the provider has exceeded guideline recommendations. There is no evidence in the records provided that this patient has utilized Soma to date. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up, this patient presents with chronic cervical spine pain. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Ninety tablets with one refill does not imply the intent to utilize this medication short term, either. Therefore, the request is not medically necessary.

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents on 08/12/15 with neck pain rated 4-5/10 with medications (10/10 without), and vertigo. The patient's date of injury is 07/31/98. The request is for Norco 10/325 mg #120. The RFA is dated 08/12/15. Physical examination dated 08/12/15 reveals exquisite tenderness to palpation of the cervical paraspinal musculature, trapezius, interscapular area, and rhomboid muscles with restricted range of motion in all planes. The patient is currently prescribed Norco and Soma. Patient's current work status is described as: "She has closed the case with open future medical care." MTUS, Criteria for Use of Opioids

Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of prior efficacy to continue its use. Progress note dated 08/12/15 notes that medications reduce this patient's pain from 10/10 to 4-5/10, though the provider does not mention any functional improvements. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that the patient is inconsistent with prescribed medications, and the provider does include documentation of analgesia via a validated scale. However, the provider fails to specify activity-specific improvements attributed to Narcotic medications. No statement regarding a lack of aberrant behavior is included, either. Without specific functional improvements and a statement regarding aberrant behavior, the continuation of Norco cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request is not medically necessary.