MAXIMUS Federal Services

| Case Number: | CM15-0190499 | | |
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| Date Assigned: | 10/02/2015 | Date of Injury: | 11/04/2014 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 36-year-old male who sustained an industrial injury on 11-4-2014. Diagnoses have included headache, cervical sprain or strain, convulsions, exposure to fumes-vapor, and bronchitis and pneumonitis due to fumes and vapors, degenerative disc disease at C4-5 and T2-3; and, left C4-5 mild neural foraminal stenosis. Treatments discussed in the provided medal records include a TENS unit trial, chiropractic treatments, hot showers, home stretching, walking, and, physical therapy in the past but not recently due to a cardiac-related condition. On 8-3-2015 the injured worker reported "no change" in neck pain rating it as being 6-7 out of 10, and characterized as "sharp and throbbing." Progress notes over the past six months reveal that his pain levels have not deviated from 5 -6 and 6-7 with the current treatment. The injured worker has been using Norco for at least the past six months, and has been treated with Warfarin for another illness, Orphenadrine at night, and Valium. Effectiveness and response to the medications are not provided, nor is there a discussion about urine drug analyses or opioid management. The treating physician's plan of care includes 120 Norco tablets, and adding 90 Soma tablets. Both were denied on 9-16-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** 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), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in November 2014 when, while grinding welds from steel with lead paint, he inhaled smoke and had a seizure. He continues to be treated for headaches, neck pain, and has cardiomyopathy. He has a body mass index over 38. Muscle relaxants have included cyclobenzaprine, orphenadrine, and diazepam. The requesting provider for an initial evaluation on 08/19/15 saw him. He had pain rated at 6-7/10. Current medications included Norco 10/325 mg #120. Physical examination findings included cervical spine and bilateral trapezius muscle tenderness with tightness. Tinel's testing over the brachial plexus was positive. Clavicular compression testing was slightly positive bilaterally. There was decreased cervical spine range of motion. Authorization for Norco and Soma was requested. Soma (carisoprodol) is a muscle relaxant, which is not recommended. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, other medications and treatments would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

**Norco 10/325mg #120:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in November 2014 when, while grinding welds from steel with lead paint, he inhaled smoke and had a seizure. He continues to be treated for headaches, neck pain, and has cardiomyopathy. He has a body mass index over 38. Muscle relaxants have included cyclobenzaprine, orphenadrine, and diazepam. The requesting provider for an initial evaluation on 08/19/15 saw him. He had pain rated at 6-7/10. Current medications included Norco 10/325 mg #120. Physical examination findings included cervical spine and bilateral trapezius muscle tenderness with tightness. Tinel's testing over the brachial plexus was positive. Clavicular compression testing was slightly positive bilaterally. There was decreased cervical spine range of motion. Authorization for Norco and Soma was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there was no documentation that this medication had provided decreased pain through documentation of VAS pain scores or an increased level of function or improved quality of life when being prescribed at the same dose. Prescribing Norco was not medically necessary.