

Case Number:	CM15-0192423		
Date Assigned:	10/06/2015	Date of Injury:	01/31/1998
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 53-year-old male who sustained industrial injuries on 1-31-1998. Diagnoses have included degenerative disc disease L4-5 and L5-S1; Grade 1 spondylolisthesis L4-5 with inferior disc herniation and annular tear; disc herniation L5-S1 and bilateral sacroiliitis; persistent impingement syndrome of the right and left shoulder with rotator cuff tendinosis on the left; status right and left shoulder arthroscopic debridement; and, right elbow lateral epicondylitis. Documented treatment includes right shoulder arthroscopic partial synovectomy and debridement glenoid labrum, repair of SLAP lesion, arthroscopic subacromial bursal decompression with acromioplasty and arthroscopic excision of the outer end of the clavicle; left shoulder arthroscopic subacromial decompression with acromioplasty and arthroscopic resection of the distal outer end of the clavicle; sacroiliac joint blocks; home exercise; and, medication including Norco and Soma with relief noted within 30 minutes lasting 3 ½ hours. The injured worker states medication brings pain from 10 out of 10, to 6 out of 10 enabling him to perform activities including driving, household chores, walking, sitting, standing and related activities for one hour, and sleep 4 hours at a time. Without medication, he can only sleep 30 minutes and spends 30 percent of his time in bed, unable to perform most activities. Pain without medication is characterized as aching, tingling, tight, spasms, numbness, tenderness and swelling. The physician discusses that the injured worker is compliant with medication and displays no side effects, aberrant drug behaviors, and obtains medication from a single practitioner only. Onset of taking these medications is not provided, but they have been prescribed for at least six months. The treating physician's plan of care includes Soma #60 plus

one post-dated script; and, Norco #150 plus one postdated script. Both have been modified with Soma being for #42, and Norco #150 but no additional post-dated script. This determination was made on 9-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #150 ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Per the MTUS guidelines, short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. In this case, the injured worker is followed for chronic pain and has sustained a recent flare-up. The medical records note subjective and objective functional improvement from the utilization of Norco and the current morphine equivalent dosage is below the ceiling recommended by the MTUS guidelines. The medical records do not establish evidence of abuse or diversion. The medical records note that modification has been recommended by Utilization Review to allow for one script only. The request for post dated script would not be supported as utilization of opioids requires frequent monitoring. The request for Norco 10/325 MG #150 ([REDACTED]) is not medically necessary and appropriate.

Soma 350 MG #60 ([REDACTED]): Upheld

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

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

Decision rationale: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with Hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). The MTUS

guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. In this case, modification has been rendered on Utilization Review to allow for weaning. The request for Soma 350 MG #60 ([REDACTED]) is not medically necessary.