

<b>Case Number:</b>	CM15-0199400		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/05/2006
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, North Carolina  
 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:

This is a 48 year old female who sustained an industrial injury on 1-5-2006. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, cervical post-laminectomy syndrome and carpal tunnel syndrome. Medical records (4-30-2015 to 9-25-2015) indicate ongoing pain in the neck, right shoulder, right arm and low back. She also complained of headaches. The injured worker rated her pain 5-6 out of 10 with medications and 10 out of 10 without medications. She reported that medications allowed her to function in her house with cooking, cleaning and doing the dishes. The physical exam (9-25-2015) revealed tenderness throughout the cervical spine. Sensation was decreased circumferentially in the right upper and lower extremity. Spurling's maneuver demonstrated decreased range of motion with only neck pain. Tinel's sign was positive bilaterally, right greater than left at the wrist. Treatment has included surgery, occipital nerve block, cervical facet injections, acupuncture and medications (Norco and Soma since at least 4-30-2015). The physician noted (9-25-2015) that urine drug screen and CURES had been appropriate with no aberrant findings. The original Utilization Review (UR) (10-5-2015) modified a request for Soma from #90 to #20 and modified a request for Norco from #180 to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #60 (1-2 by mouth daily) one refill: Upheld**

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

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

**Decision rationale:** CA MTUS Guidelines do not recommend Soma for long-term use. This patient has utilized Soma since at least 4/30/2015. Soma is a centrally-acting skeletal muscle relaxant whose primary metabolite is Meprobamate. The injured worker has documented prolonged use of Soma, which is not recommended. The efficacy of the Soma is not established in the records submitted. There is no documentation providing objective evidence of functional gain associated with medication use. Therefore, the request is not medically necessary or appropriate.

**Norco 10/325 mg #180 (1 by mouth every 4-6 hours) 1 refill: 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 for chronic pain.

**Decision rationale:** CA MTUS Guidelines recommend opioids for moderate to severe pain. The request is for ongoing Norco for chronic neck pain, rated as a 10/10. There is no documentation providing objective evidence of functional gains associated with medication usage. There is also no documentation of a risk assessment profile. There appears to be no attempt at weaning/tapering of the opioid. In addition, there is no updated, signed pain contract. Therefore, based upon the above, the request is not medically necessary or appropriate.