

<b>Case Number:</b>	CM15-0199430		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/10/2015
<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

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 40 year old male, who sustained an industrial injury on 08-13-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervicothoracic spine strain, left cervical radicular syndrome, left rotator cuff tendinitis and impingement syndrome, left shoulder girdle strain, multilevel cervical disc protrusion, and multilevel thoracic disc protrusion. Medical records (03-11-2015 to 08-13-2015) indicate ongoing neck and upper back pain, right elbow pain, and left shoulder pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with light duty. The physical exam, dated 08-13-2015, revealed tenderness over the lower paravertebral muscles of the cervical spine, restricted range of motion in the cervical spine with increased pain, tenderness to palpation over the upper paravertebral muscles of the thoracic region, mild limitation of ROM in the thoracic spine, periscapular and trapezius tenderness on the left, mild tenderness to palpation over the left rotator cuff, acromioclavicular joint and bicipital, and patch decreased sensation in the left upper extremity. Relevant treatments have included: 23 sessions physical therapy (PT), work restrictions, and pain medications (Norco and Soma since at least 03-2015). The request for authorization was not available for review; however, the utilization review letter states that the following medications and test were requested on 08-31-2015: Norco 5-325mg #60, Soma 350mg #60, and a MRI of the cervical spine. The original utilization review (09-10-2015) partially approved the request for Norco 5- 325mg #60 (modified to #45), and non-certified the requests for Soma 350mg #60

and a MRI of the cervical spine. The medical records provided for review indicate that the injured worker underwent a cervical spine MRI on 9/25/15 with results compared to a prior 2012 study.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #60:** Upheld

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

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

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and hormonal imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. The medical records also not establish a pain contract or CURES report. The request for Norco 5/325mg #60 is not medically necessary and appropriate.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Drugs.com.

**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. The request for Soma 350mg #60 is not medically necessary and appropriate.

**MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back/ MRI.

**Decision rationale:** Per the CA MTUS guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Per ODG, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the medical records provide a cervical spine MRI report dated 9/25/15 which is compared to a 2012 study and therefore this is a retrospective review. The medical records note that the injured worker had presented with worsening symptoms and had neurological deficits on clinical examination indicating radiculopathy stemming from the cervical spine. The request for MRI of the cervical spine would have therefore been medically necessary and appropriate.