

<b>Case Number:</b>	CM15-0203926		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/27/2003
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44 year old male who sustained an industrial injury September 27, 2003. Past history included anterior cervical fusion and decompression, right shoulder arthroscopic subacromial decompression, status post left knee arthroscopic surgery with medial meniscal repair September 2003. Diagnoses are chronic cervical musculoligamentous sprain, strain with a 3mm herniation per MRI; lumbar disc annular tear; left shoulder posterior labral tear; bilateral chondromalacia patella; L4-5 and L5-S1 annular tears with 2-3mm disc protrusion per MRI 12-19-2013. According to a primary treating physician's progress report dated September 24, 2015, the injured worker presented for follow-up with complaints of cervical pain, rated 6 out of 10, with radiation to the bilateral arms, lumbar pain, rated 6 out of 10, with radiation into the left leg and bilateral knee pain, rated 6 out of 10. He is taking 5-6 Norco per day, Elavil, Motrin, 3 tablets per day, Soma three tablets per day, and topical cream with reported pain reduction from 9 out of 10 to 3 out of 10. Objective findings included; 6'2" and 2015 pounds; cervical spine-tenderness to palpation, full extension, full flexion and limited rotation due to pain; lumbar spine- tenderness to palpation, flexion limited due to pain, full extension, and limited bilateral rotation; bilateral knees-tenderness to palpation, crepitus on range of motion, full extension and flexion, strength 4 out of 5 bilaterally. Treatment plan pending authorization for topical cream, obtain pain management report for review, physical therapy bilateral knees, and follow-up for cervical and lumbar epidural injections. At issue, is the request for authorization dated October 6, 2015, for Norco (since at least July 22, 2015) and Soma (since at least July 2, 2015). A toxicology report dated July 2, 2015, is present in the medical record. According to utilization

review dated October 12, 2015, the request for Motrin 800mg #90 is certified. The request for Norco 10-325mg #120(prescription given) was modified to Norco 10-325mg #90. The request for Soma 350mg #90 is non-certified.

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

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

**Norco 10/325mg #120 (Rx given): 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, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, return to work, or increase in activity from the exam note of 9/24/15. Therefore the request is not medically necessary.

**Soma 350mg #90 (Rx given): 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).

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. In this case, the exam note from 9/24/15 does not demonstrate prior dosages and response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long term use. Therefore the request is not medically necessary.