MAXIMUS Federal Services

| Case Number: | CM15-0204205 | | |
|---|---|---|---|
| Date Assigned: | 10/21/2015 | Date of Injury: | 05/04/2006 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/17/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 4, 2006. In a Utilization Review report dated September 21, 2015, the claims administrator partially approved a request for Norco, partially approved a request for Soma, and failed to approve a request for ibuprofen (Motrin). The claims administrator referenced an RFA form received on September 15, 2015 in its determination along with an associated progress note dated September 10, 2015. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing issues with neck pain, 8/10. The applicant was not working, the treating provider acknowledged, despite ongoing issues with various sundry medications to include Norco. Limited neck range of motion with associated upper extremity paresthesias was present, the treating provider acknowledged. The applicant had self-procured additional acupuncture, the treating provider acknowledged. Work restrictions were renewed, although the treating provider acknowledged the applicant's employer was unable to accommodate said limitations, resulting in the applicant's removal from the workplace. Motrin, Soma, and Norco were renewed, seemingly without any discussion of medication efficacy.

## 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, dosing, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider reported on the date in question September 10, 2015. Pain complaints as high as 8/10, constant, were evident on that date. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain), Weaning of Medications.

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

**Decision rationale:** Similarly, the request for Soma was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed with in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, i.e., an opioid agent. The renewal request for Soma, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which establishes a 2-3 week limit for carisoprodol (Soma) usage. Therefore, the request was not medically necessary.

**Ibuprofen 800mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Finally, the request for ibuprofen (Motrin), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated

here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, this recommendation, is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of his recommendations. Here, however, the applicant was off of work, it was reported on the September 10, 2015 office visit at issue. Pain complaints as high as 8/10 was reported, despite ongoing ibuprofen usage. Ongoing usage of ibuprofen failed to curtail the applicant dependence on opioid agents such as Norco or other treatment modalities such as acupuncture, the treatment provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.