

<b>Case Number:</b>	CM15-0207858		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/01/1992
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 7-1-92. The injured worker was being treated for cervical spine myofascitis, lumbar spine radiculitis and cervical spine disc injury. On 9-8-15, the injured worker complains of moderate intermittent cervical aching and stiffness and moderate frequent to constant sharp shooting, stiffness and numbness into his feet. Documentation did not include level pain prior to or following medication administration, duration of pain relief or improvement in pain or function with use of medications. Physical exam performed on 9-8-15 revealed antalgic gait, limited cervical and lumbar range of motion and tenderness with guarding over lumbar region. Treatment to date has included oral medications including Soma 350mg (since at least 5-31-15) and Norco 10- 325mg (since at least 5-31-15); topical Fentanyl patch; home exercise program, physical therapy and activity modifications. The treatment plan included request for MRI of cervical spine, EMG studies of lower extremities, acupuncture, LSO brace and new pain management doctor. On 9-22-15 request for authorization was submitted for Norco 10-325mg #180 and Soma 350mg #90. On 9-24-15 request for Norco 10-325mg #180 was modified to #34 and Soma 350mg #90 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

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

**Decision rationale:** The patient presents with neck and back pain. The current request is for Norco 10/325mg #180. The treating physician's report dated 09/08/2015 (37B) does not address this request. Medical records show that the patient was prescribed Norco since at least 01/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. None of the reports document before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, none of the 4As required by the MTUS Guidelines for continue opiate use were documented. The current request is not medically necessary.

**Soma 350mg #90:** 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): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with neck and back pain. The current request is for Soma 350mg #90. The treating physician's report dated 09/08/2015 does not address this request. Medication efficacy was also not documented. The medical records show that the patient was prescribed Soma since before 01/2015. The MTUS Guidelines page 29 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance). In this case, Soma is currently not recommended based on the MTUS Guidelines. Furthermore, it is not indicated for long-term use. The current request is not medically necessary.