

<b>Case Number:</b>	CM15-0219887		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 39-year-old male, who sustained an industrial injury on 1-3-2014. The medical records indicate that the injured worker is undergoing treatment for cervical myofascial pain, rule out cervical disc injury, lumbar radiculopathy, and status post bilateral carpal tunnel release. According to the progress report dated 9-30-2015, the injured worker presented with complaints of cervical pain (5 out of 10), low back pain (5 out of 10) with lower extremity symptoms, left wrist-hand pain (7 out of 10), and right wrist-hand pain (5 out of 10). The treating physician states that the "medication at the current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming, and cooking". The physical examination of the lumbar spine reveals tenderness, decreased range of motion, and positive straight leg raise test. Examination of the cervical spine reveals tenderness and restricted range of motion. The medications prescribed are Soma, Pantoprazole, Naproxen, Tramadol, and Hydrocodone (since at least 2-13-2015). Previous diagnostic studies include electrodiagnostic testing and MRI studies. Treatments to date include medication management, physical therapy, chiropractic, and surgical intervention. The records refer to a prior course of chiropractic but do not provide specific dates or results. Work status is described as temporarily totally disabled. The original utilization review (11-4-2015) had non-certified a request for Hydrocodone 10-325mg #60, Soma 350mg #60, and 12 additional chiropractic sessions to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #60:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Hydrocodone 10/325 mg #60 is not medically necessary.

**Soma 350mg #60:** 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:** Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence of functional improvement or change in work status because of long-term use of this medication to warrant the use of this medication. The request for Soma 350 mg #60 is not medically appropriate and necessary.

**Additional chiropractic 3 x 4 (cervical and lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Guidelines state that manual therapy is recommended for chronic pain caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks to assess for objective functional improvement is recommended. In this case, the patient has already completed 12 chiropractic sessions and records do not establish any functional improvement or change in work status. The request for additional chiropractic 3x4 cervical and lumbar spine chiropractic sessions is not medically appropriate and necessary.