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| <b>Case Number:</b>   | CM15-0030689 |                              |            |
| <b>Date Assigned:</b> | 02/25/2015   | <b>Date of Injury:</b>       | 05/17/2013 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2015 |

### 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 54 year old female who sustained cumulative industrial injuries to her neck, right arm and shoulder as a teacher on May 17, 2013. The injured worker was diagnosed with cervical disc displacement with cervical radiculitis. A magnetic resonance imaging (MRI) on February 19, 2014 demonstrated multi-level central canal stenosis and neuroforaminal stenosis. According to the primary treating physician's progress report on January 21, 2015 the injured worker continues to experience neck, shoulder pain with radiation to the right shoulder and arm. Right hand grip was weak. Cervical range of motion was diminished. The injured worker underwent a right C6-C7 epidural steroid injection (ESI) on Jan 26, 2015. Current medications consist of Lyrica, Norco and Soma. Treatment modalities consist of physical therapy, epidural steroid injection (ESI) and medication. The injured worker is on temporary total disability (TTD) and not working. The treating physician requested authorization for Norco 10/325mg #180 and Soma 350mg #90. On January 29, 2015 the Utilization Review denied certification for Norco 10/325mg #180 and Soma 350mg #90. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### 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 Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck, right arm and shoulder pain. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document that the opioid therapy has provided the patient with a return of function. Based on the documentation, treatment with Norco is not medically indicated.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

**Decision rationale:** This patient receives treatment for chronic neck, right arm, and shoulder pain. Soma is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Soma over the long-term (more than 2-3 weeks) is not recommended. Soma is metabolized by the body into meprobamate, a schedule IV controlled substance. Side effects include sedation and medication dependency. Soma is not medically indicated for this patient.