

<b>Case Number:</b>	CM15-0042458		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old, male patient, who sustained an industrial injury on 06/15/2011. A primary treating office visit dated 01/29/2015, reported subjective complaint of cervicgia, sharp, tingling, spasm-like, located in posterior neck; left side. The pain radiates to bilateral shoulders and is present 80% of the time. He reports the pain medication allows him to perform activities of daily living. Objective findings showed cervical spine range of motion forward flexion with minimal movement, nor able to touch chin to chest. Lateral bending to 45 degrees on the right and 30 to the left. There is tenderness to palpation throughout the cervical spine, posterior strap musculature and bilateral upper extremities with decreased sensation, numbness more so on the left. The following diagnoses are applied; cervicgia, chronic pain syndrome, low back pain with lumbar radiculopathy and bilateral carpal tunnel syndrome. The plan of care involved continue with current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Soma 250mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This medication has been used since at March 2014 and there is no statement of extenuating circumstances as to why the medication should be continued beyond guideline recommendations. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

**1 prescription of Vicodin 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Pain reduction was documented in some notes. There was adequate monitoring for aberrant behaviors, such as urine toxicology testing. However, a urine toxicology result on 8/5/2014 for this worker indicated the presence of ecstasy on immunoassay. There did not appear to be documentation of acknowledgement of this or an explanation for the presence of this illicit substance (i.e., cross reaction, false positive, etc). Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. The request is not medically necessary.

