

Case Number:	CM15-0057708		
Date Assigned:	04/02/2015	Date of Injury:	03/13/2013
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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:

This 56 year old male sustained an industrial injury to the neck, back, bilateral wrists, right elbow and right shoulder on 3/13/13. Previous treatment included magnetic resonance imaging, lumbar decompression, right shoulder reconstruction, physical therapy, home exercise and medications. In a PR-2 dated 2/20/15, the injured worker complained of pain to the neck with radiation to the right upper extremity, pain to the low back with radiation to the right lower extremity, right shoulder pain associated with a clicking sensation as well as pain to the right elbow, bilateral wrists and bilateral hips. The injured worker rated his pain 7-9/10 on the visual analog scale. The injured worker also reported symptoms of anxiety, depression, stress and insomnia. Physical exam was remarkable for neck with stiffness, restricted range of motion, spasms and positive compression test and Spurling's test, weakness of the triceps and wrist extensors on the right and decreased sensation in the C6 and C7 distributions. Current diagnoses included cervical spine herniated nucleus pulposus, cervical spine left foraminal stenosis, bilateral upper extremity radiculopathy, right elbow sprain/strain, right shoulder rotator cuff tear and proximal tendon tear with subacromial impingement, lumbar spine herniated nucleus pulposus with stenosis, lumbar spine posterior annular tear, left lower extremity radiculopathy, bilateral hip sprain/strain, headaches, internal and respiratory diagnoses, status post lumbar decompression and microdiscectomy, postoperative depression and status post right shoulder decompression. The treatment plan included magnetic resonance imaging cervical spine and medications (Norco and Soma).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Carisoprodol (Soma) Page(s): 63-65.

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

Decision rationale: The patient has ongoing neck pain and radiation into the right upper extremity. The patient has lower back pain with radiation into the right lower extremity. The patient has complaints of constant right shoulder pain. Additionally, the patient has complaints of constant bilateral hip pain. The current request is for Soma 350mg #60. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Soma (Carisoprodol) is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. In this case, the patient has been taking Soma for a period of time and this is a refill of a prescription. The current request exceeds the guidelines recommendation for short term usage of this medication. As such, recommendation is for denial. The request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-94.

Decision rationale: The patient has ongoing neck pain and radiation into the right upper extremity. The patient has lower back pain with radiation into the right lower extremity. The patient has complaints of constant right shoulder pain. Additionally, the patient has complaints of constant bilateral hip pain. The current request is for Norco 10/325mg #60. The current request is for a refill of an ongoing medication. The MTUS does recommend opiates for moderate-severe pain. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects. There is a UDS for aberrant behavior. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial. The request is not medically necessary.