

<b>Case Number:</b>	CM15-0235517		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Massachusetts

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 35 year old female who sustained an industrial injury on 09-06-2013. Medical records indicated the worker was treated for cervicgia, pain in thoracic spine, and left shoulder pain. In the provider notes of 10-02-2015, the worker complains of pain in her left shoulder that is an 8 on a scale of 0-10, pain in the cervical spine that is a 10 on a scale of 0-10, and pain in her thoracic spine that is a 10 on a scale of 0-10. The plan of treatment was for a home exercise program and a refill of her Norco (prescribed since at least 05-12-2015) with confirmation of a narcotic contract. Her urine drug screen was negative for opiates and tricyclic's which was inconsistent with her prescriptions. Her test for Hydrocodone was positive. Her urine toxicology screen collected 10-30-2015 was consistent with her prescriptions other than Carisoprodol which was negative. A request for authorization was submitted for Norco 10/325mg #120, and Soma 350mg #60. A utilization review decision 11-06-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, criteria for use. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant sustained a work injury in September 2013 when she fell while trying to open a pallet of supplies with injury to her left shoulder. She was seen for an initial evaluation by the requesting provider in May 2015. Current medications included Norco. She was having left shoulder pain rated at 9/10 and intense lower neck and upper back pain. Physical examination findings included decreased active left shoulder range of motion with positive impingement testing. She had moderate to severe tenderness with decreased cervical spine range of motion. There were multiple trigger points. Medications were prescribed including Norco 10/325 mg #60 and Flexeril. On 10/02/15 she was having cervical and thoracic spine pain and left shoulder pain. She had left shoulder pain rated at 8/10. She had cervical and thoracic spine pain rated at 10/10. Norco 10/325 mg #120 was prescribed. On 10/30/15 pain was rated at 9/10. She was having severe cervical and paraspinal pain. There was decreased right upper extremity strength with positive foraminal compression testing. There was severe paraspinal and trapezius tenderness with trigger points. Norco (Hydrocodone/Acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. However, there is no documentation that this medication is providing what is considered a clinically significant decrease in pain or specific examples of how this medication has resulted in an increased level of function or improved quality of life. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. Although the MED (morphine equivalent dose) has been increased since May 2015 and remains less than 120 mg per day, this is an immediate release opioid medication and adequate pain assessments would be expected. For these reasons, continued prescribing cannot be accepted as being medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in September 2013 when she fell while trying to open a pallet of supplies with injury to her left shoulder. She was seen for an initial evaluation by the requesting provider in May 2015. Current medications included Norco. She was having left shoulder pain rated at 9/10 and intense lower neck and upper back pain. Physical

examination findings included decreased active left shoulder range of motion with positive impingement testing. She had moderate to severe tenderness with decreased cervical spine range of motion. There were multiple trigger points. Medications were prescribed including Norco 10/325 mg #60 and Flexeril. On 10/02/15 she was having cervical and thoracic spine pain and left shoulder pain. She had left shoulder pain rated at 8/10. She had cervical and thoracic spine pain rated at 10/10. Norco 10/325 mg #120 was prescribed. On 10/30/15 pain was rated at 9/10. She was having severe cervical and paraspinal pain. There was decreased right upper extremity strength with positive foraminal compression testing. There was severe paraspinal and trapezius tenderness with trigger points. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, muscle relaxants have been prescribed on a long-term basis. There are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.