

<b>Case Number:</b>	CM14-0127501		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/20/1992
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 60 year-old female was reportedly injured on 7/20/1992. The mechanism of injury is noted as a pulling injury. The most recent progress note, dated 6/25/2014 indicates that there are ongoing complaints of neck pain that radiates in the bilateral upper extremities. The physical examination is handwritten and states cervical spine: positive tenderness to palpation and guarding at right/left trapezius, and paravertebral musculature. Range of motion forward flexion 15, extension 10, right rotation 18, left rotation 12, right bending 32, left bending 26. 4/5 muscle strength bilateral lower extremities, positive compression test, positive distraction test. Deep tendon reflex is one plus to the bilateral upper extremities. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, and conservative treatment. A request had been made for Vicodin 5/300 mg #120, Soma 350 Mg, urine drug screen, and was not certified in the pre-authorization process on 8/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg QTY: 120.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

**Decision rationale:** Vicodin (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Vicodin is not medically necessary.

**Soma 350mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18 Page(s): 29 of 127.

**Decision rationale:** Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not considered medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing MTUS (Effective July 18, 2009 Page(s): ) Page 43 of 127.

**Decision rationale:** MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.