

<b>Case Number:</b>	CM14-0146630		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/20/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 52 year old with an injury date on 5/20/07. Patient complains of cervical pain and lumbar pain with radiation into buttock left hip, and left lower leg with hypersensitivity to touch in bilateral feet per 1/29/14 report. Patient also complains of right-sided numbness in her neck, shoulder and arm, and will occasionally drop items from her right hand per 1/29/14 report. Based on the 1/29/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar spondylolisthesis 2. lumbar stenosis 3. cervical spondylosis without myelopathy 4. cervical stenosis Exam on 1/29/14 showed "patient able to heel/toe walk but greatly deconditioned. Sensation intact bilaterally. Motor strength 5/5 bilateral upper and lower extremities." [REDACTED] [REDACTED] is requesting Norco 10/325mg #120 and a prescription of Carisoprodol #60. The utilization review determination being challenged is dated 8/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/16/13 to 1/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain and back pain. The treater has asked for Norco 10/325mg #120 on 1/29/14. The utilization review letter dated 8/22/14 states patient has been taking Norco since January of 2013. The patient is not currently working per 1/29/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Norco, but there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

**Prescription of Carisoprodol #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic  
Pain Medication Guidelines, Carisoprodol (Soma), Page(s): 29.

**Decision rationale:** This patient presents with neck pain and back pain. The treater has asked for prescription of Carisoprodol #60 on 1/29/14. The utilization review letter dated 8/22/14 states patient has been taking Soma since January of 2011. Patient is currently taking Soma per 1/29/14 report. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for 3 years but MTUS only recommends for short term use (2-3 weeks). The requested prescription of Carisoprodol #60 is not considered medically necessary at this time. The request is not medically necessary.