MAXIMUS Federal Services

| Case Number: | CM14-0160642 | | |
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| Date Assigned: | 10/06/2014 | Date of Injury: | 11/14/1996 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/30/2014 |

## 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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck pain, shoulder pain, and posttraumatic headaches reportedly associated with an industrial injury of November 14, 1996. In a utilization review report dated September 18, 2014, the claims administrator failed to approve a request for Norco and Soma. The applicant's attorney subsequently appealed. On September 4, 2014, the applicant did receive renewals of Norco and Soma. Ongoing complaints of low back and neck pain with ancillary complaints of headaches were evident. Occipital nerve blocks were proposed. The applicant's work and functional status was not clearly stated. In an April 21, 2014 chiropractic progress note, the applicant reported persistent complaints of neck and low back pain, 7/10. The applicant was using Norco, Soma, and Naprosyn, it was acknowledged at that point in time. Activities of daily living as basic as sitting and walking were problematic. Once again, the applicant's work status was not stated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #90, 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on several progress notes in mid to late 2014, referenced above. On those dates, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**SOMA 350 MG #30, 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available): Page(s): 65.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, for greater than two to three weeks. Here, the 30-tablet, two-refill supply at issue, in and of itself, represents chronic, long-term, and scheduled usage well in excess of MTUS parameters. No clear, compelling, or cogent applicant-specific rationale was furnished to support such usage. Therefore, the request was not medically necessary.