

<b>Case Number:</b>	CM14-0211144		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 55 y/o Female who had industrial injury on 9/24/07 related to a motor vehicle accident. She had obtained xrays, MRI scans, physical therapy, Transcutaneous electrical stimulation, psychotherapy, yoga, trigger point injections, Piriformis injections, Epidural injections, Radiofrequency neurotomy, surgery, and medications. Examination on 11/24/14 has a physician state the injured worker has obtained 75% reduction in pain on the right side after radiofrequency ablation with improved range of motion. The Oxycontin give the injured worker 40% reduction in pain and the Norco gives an additional 25% reduction in pain. The Soma helps with the muscle spasms she gets occasional and without the medicine she gets them constantly. The medication allows her to cook, clean and take care of herself. Physical examination findings were decreased tenderness over the right cervical facet joints, pain with extension and rotation on the left side in the lumbar spine. A Diagnosis of right sided lumbar facet mediated pain was given with a treatment plan to do radiofrequency ablation that gave the injured worker 80% relief for one year when last done in march of 2013. She is also taking ibuprofen and thermacare. Work status is Disabled. On 12/5/14 a modification recommendation was made for the request of Norco to allow for a 3 per day and a non certification was made for the soma and a certification was made for the Oxycontin. The rationale for the denial was due to lack of significant functional improvement, no diminished pain levels documented on the medication at 6 per day versus 3 per day, and the injured worker tolerating 2 per day of the Norco after getting the interventional procedures. The rationale for the denial of soma was due to guidelines not supporting its long term use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) when taking 6 per day versus taking 3 per day, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication at 6 per day. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Carisoprodol (Soma) is not medically necessary.