

<b>Case Number:</b>	CM14-0211684		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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] employee who has filed a claim for chronic neck pain, chronic mid back pain, and chronic bilateral upper extremity pain reportedly associated with an industrial injury of November 1, 2000. In a Utilization Review Report dated December 6, 2014, the claims administrator approved a request for Lyrica, partially approved a request for Soma, approved a request for trazodone, approved a request for Zoloft, and partially approved request for Norco. The claims administrator referenced a progress note dated November 13, 2014 in its determination. The applicant's attorney subsequently appealed. In a June 14, 2014 Medical-legal Evaluation, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities. The applicant was no longer working, it was suggested. The applicant was attempting to obtain a master's degree, it was noted. The applicant was given diagnoses of chronic cervical radiculitis and elbow epicondylitis secondary to cumulative trauma at work. The applicant had received vocational retraining through the auspice of the above referenced Workers' Compensation, the treating provider posited. In a progress note dated November 13, 2014, the applicant reported 5/10 neck, bilateral upper extremity, and mid back pain with medications versus 9/10 pain without medications. The applicant was still wearing wrist braces. The applicant was using Ambien, Lyrica, Soma, Desyrel, Norco, and Zoloft, it was acknowledged. The applicant again alleged that she had developed multifocal pain complaints secondary to cumulative trauma at work from working in an ergonomically unfriendly workstation. The applicant was receiving Social Security Disability Insurance (SSDI) benefit in addition to Worker's Compensation indemnity benefits, it was acknowledged. The

applicant received trigger point injections and epidural injections at various points over the course of the claim. The applicant had developed various issues with depression secondary to her debility, it was noted. Ambien, Lyrica, Soma, Desyrel, Zoloft, and Norco were renewed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #120 with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purpose, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using Norco, an opioid agent. Addition of carisoprodol (Soma) to the mix is not recommended. The 120-tablet, three-refill supply of Soma at issue, furthermore, does represent chronic, long-term, and/or four times daily usage. Such usage, however, is incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** 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, the applicant was/is off of work. The applicant is receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity benefits. While the attending provider did report some reduction in pain scores on the November 3, 2014 progress note at issue, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.