

<b>Case Number:</b>	CM14-0088160		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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. 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: Indiana

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 injured worker is a 41 year old female who sustained a cumulative trauma industrial related injury on 11/1/00 involving her neck bilateral upper extremities. She had electrodiagnostic studies of the upper extremities, which were unremarkable. She had paraffin baths to upper extremities and anti-inflammatory medications, which were not effective for symptom relief. She currently complains of cervical pain that radiates into the bilateral shoulders and bilateral upper extremities. She has significant limitation with her upper extremities as she cannot tolerate even minimal repetitive activities. Her medications are Ambien, Lyrica, Soma, trazadone, Norco and Zoloft. Diagnoses include significant degenerative disc disease at C5-6; intractable neck, upper back and bilateral upper extremity pain; clinical depression associated with chronic pain syndrome. Treatments to date include several cervical epidural steroid injections; six trigger point injections in the cervical paraspinal musculature multiple times. Diagnostics include cervical MRI (3/27/07, 1/15/01) with progressive changes. In the progress note dated 5/7/14 the treating provider's plan of care includes refill on all medications including Soma and Norco.

### 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 Soma.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states regarding Crisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Guidelines do not recommend long-term usage of Soma. Treating physician does not detail circumstances that would warrant extended usage. The requested quantity is beyond what the guidelines recommend. As such, the request for Soma 350 mg # 84 with 1 refill is not medically necessary.

**Norco 10/325mg, #180 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco is not medically necessary.

