

Case Number:	CM15-0112069		
Date Assigned:	06/18/2015	Date of Injury:	08/25/2003
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial/work injury on 8/25/03. She reported initial complaints of neck, right shoulder, and right wrist pain. The injured worker was diagnosed as having cervical strain, right shoulder strain, and s/p right carpal tunnel release surgery. Treatment to date has included medication, chiropractic care, and cervical epidural steroid injections. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 12/9/14 noting bilateral median neuropathy, R>L. Currently, the injured worker complains of neck, right shoulder, and right wrist pain. Per the primary physician's progress report (PR-2) on 5/11/15, examination revealed cervical paraspinal and trapezial tenderness with spasm and limited range of motion, positive axial compression, Phalen's and Tinel's test, and 4/5 sensory deficit in the right median nerve distribution. Current plan of care included continuation of medications and authorization for acupuncture. The requested treatments include Norco 10/325mg and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2003 and continues to be treated for neck and right upper extremity pain. Medications are referenced as decreasing pain from 6/10 to 0/10 with improved ability to sleep, perform activities of daily living, and allowing her to work. When seen, she had stopped working but was planning on returning to providing home health care. There was decreased cervical spine range of motion with paraspinal muscle tenderness and trapezius muscle tenderness with spasms. Axial compression testing was positive. There was right shoulder tenderness. There was decreased right upper extremity strength with positive Phalen and Tinel's testing. Norco was being prescribed at a total MED (morphine equivalent dose) of less than 40 mg per day. Soma was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: The claimant has a remote history of a work injury occurring in August 2003 and continues to be treated for neck and right upper extremity pain. Medications are referenced as decreasing pain from 6/10 to 0/10 with improved ability to sleep, perform activities of daily living, and allowing her to work. When seen, she had stopped working but was planning on returning to providing home health care. There was decreased cervical spine range of motion with paraspinal muscle tenderness and trapezius muscle tenderness with spasms. Axial compression testing was positive. There was right shoulder tenderness. There was decreased right upper extremity strength with positive Phalen and Tinel's testing. Norco was being prescribed at a total MED (morphine equivalent dose) of less than 40 mg per day. Soma was being prescribed on a long-term basis. Soma (Carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of

anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.