

<b>Case Number:</b>	CM15-0124958		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/10/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 50-year-old male, who reported an industrial injury on 2/10/2002. His diagnoses, and or impression, were noted to include: chronic right sacroiliac & lumbosacral strain; lumbar degenerative disc disease & radiculopathy; cervical degenerative disc disease with chronic neck pain; internal derangement of the left knee with chronic pain, status-post arthroscopic surgery; rule-out fractured fifth metacarpal; and discogenic lumbar condition with facet inflammation & polyneuropathy. No current electro diagnostic or imaging studies were noted. His treatments were noted to include diagnostic studies; injection therapy; chiropractic therapy; physical therapy; medication management with toxicology screenings; and rest from work. The progress notes of 4/23/2015 reported moderate-severe neck pain, lower backache, right shoulder pain, right wrist pain, bilateral hip pain, left knee pain and bilateral foot pain that is improved with medications. Objective findings were noted to include: that he was wearing left knee and back braces, the ability for him to perform the physical examination; a depressed affect; an antalgic gait with use of cane; tenderness over the right trapezius muscles and para-spinal muscles, with decreased/painful cervical range-of-motion and cervical facet loading pain; tenderness over the right shoulder with decreased bilateral shoulder range-of-motion, with positive Hawkins sign on the right; edema in the right wrist; decreased/painful lumbar range-of-motion; tenderness over the left patella, medial joint line and lateral joint line, with edema and effusion on the left knee that is with decreased/painful range-of-motion; and decreased strength in the shoulder and ankles, with decreased sensation in the lumbar dermatomes, left knee and bilateral feet. The physician's requests for treatments were noted to include the continuation of Norco and Soma.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has moderate-severe neck pain, lower backache, right shoulder pain, right wrist pain, bilateral hip pain, left knee pain and bilateral foot pain that is improved with medications. Objective findings were noted to include: that he was wearing left knee and back braces, the ability for him to perform the physical examination; a depressed affect; an antalgic gait with use of cane; tenderness over the right trapezius muscles and para-spinal muscles, with decreased/painful cervical range-of-motion and cervical facet loading pain; tenderness over the right shoulder with decreased bilateral shoulder range-of-motion, with positive Hawkins sign on the right; edema in the right wrist; decreased / painful lumbar range-of-motion; tenderness over the left patella, medial joint line and lateral joint line, with edema and effusion on the left knee that is with decreased/painful range-of-motion; and decreased strength in the shoulder and ankles, with decreased sensation in the lumbar dermatomes, left knee and bilateral feet. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #90, is not medically necessary.

**Soma 350mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

**Decision rationale:** The requested Norco 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has moderate-severe neck pain, lower backache, right shoulder pain, right wrist pain, bilateral hip pain, left knee pain and bilateral foot pain that is improved with medications. Objective findings were noted to include: that he was wearing left knee and back braces, the ability for him to perform the physical examination; a depressed affect; an antalgic gait with use of cane; tenderness over the right trapezius muscles and para-spinal

muscles, with decreased/painful cervical range-of-motion and cervical facet loading pain; tenderness over the right shoulder with decreased bilateral shoulder range-of-motion, with positive Hawkins sign on the right; edema in the right wrist; decreased/painful lumbar range-of-motion; tenderness over the left patella, medial joint line and lateral joint line, with edema and effusion on the left knee that is with decreased/painful range-of-motion; and decreased strength in the shoulder and ankles, with decreased sensation in the lumbar dermatomes, left knee and bilateral feet. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Norco 10/325mg #90, is not medically necessary.