

<b>Case Number:</b>	CM15-0175910		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/05/2006
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, New York, 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 48-year-old who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of January 6, 2015. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for Norco and Soma. The claims administrator referenced an August 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 18, 2015, the attending provider sought authorization for Motrin, Soma, and Norco. In an associated progress note dated August 14, 2015, the applicant reported multifocal complaints of neck pain, shoulder pain, low back pain, leg pain, and headaches. The applicant had received acupuncture, it was reported. 10/10 pain complaints were nevertheless reported on this date. The applicant had undergone earlier failed cervical spine surgery. The applicant was still using Norco at a rate of 8 tablets daily, Motrin, and Soma, it was acknowledged. Several of the same were continued and/or renewed. The attending provider stated that the applicant's pain scores had been reduced by 25% to 30% as a result of ongoing medication consumption and also contended that the applicant would be sedentary without her medications. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. In an earlier note dated August 10, 2015, the applicant reported 9/10 pain complaints, aggravated by bending, lifting, and twisting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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, however, the applicant's work status was not clearly reported on August 14, 2015 or August 10, 2015. It did not appear, however, that the applicant was working with permanent limitations imposed by a medical-legal evaluator in place. While the attending provider did recount a 25% to 30% reduction in pain scores on August 14, 2015, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status and the attending provider's reports on August 10, 2015 to the effect that the applicant was having difficulty performing activities of daily living as basic as bending, lifting, and twisting. Therefore, the request was not medically necessary.

**Soma 350mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Carisoprodol (Soma).

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. 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 purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was concurrently using Norco, an opioid agent. Continued usage of Soma in conjunction with the same was not recommended, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. The 90-tablet, 1-refill renewal request for Soma, moreover, represented treatment in excess of the 2- to 3-week limit set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for Soma (carisoprodol) usage. Therefore, the request was not medically necessary.