

<b>Case Number:</b>	CM15-0068036		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 45 year old female, who sustained an industrial injury on 9/15/98. She reported headaches and shoulder pain. The injured worker was diagnosed as having left shoulder pain, left shoulder muscle spasm and paresthesia, cervical strain, headaches, thoracic outlet syndrome, and myofascial pain syndrome. Treatment to date has included TENS, physical therapy, a home exercise program, a trigger point injection to the shoulder on 3/30/15 and medications. A physician's report dated 10/20/14 noted Norco reduced pain by 50%, and Nucynta reduced pain by 50%. A physician's report dated 3/9/15 noted the pain level with medications was 5/10. Pain without medications was noted to be 9-10/10. Currently, the injured worker complains of lumbar spine pain and shoulder pain. The treating physician requested authorization for Norco 10/325mg #60, Nucynta 100mg #60, and Carisoprodol 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 45 year old female has complained of left shoulder pain and neck pain since date of injury 9/15/98. She has been treated with trigger point injections, TENS unit, physical therapy and medications to include opioids since at least 03/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

**Nucynta 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 45 year old female has complained of left shoulder pain and neck pain since date of injury 9/15/98. She has been treated with trigger point injections, TENS unit, physical therapy and medications to include opioids since at least 03/2014. The current request is for Nucynta. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta is not indicated as medically necessary.

**Carisoprodol 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary Online Version, Non-sedating muscle relaxants.

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

**Decision rationale:** This 45 year old female has complained of left shoulder pain and neck pain since date of injury 9/15/98. She has been treated with trigger point injections, TENS unit, physical therapy and medications to include Carisoprodol since at least 10/2014. The current

request is for Carisoprodol. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not medically necessary.