

<b>Case Number:</b>	CM15-0097659		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Montana

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 (IW) is a 49-year-old female who sustained an industrial injury on 02/13/2002. She reported neck pain. The injured worker was diagnosed as having lumbar spine radiculitis; lumbar disc displacement; C6-7 disc herniated nucleus pulposus with stenosis; cervical radiculopathy (worsening); right upper extremity chronic regional pain syndrome, and right shoulder impingement syndrome. Treatment to date has included medications, which are helping with no side effects. Her pain decreases from 8/10 to 2/10 with Norco, and Soma helps with spasm, neck pain, and low back pain. The worker is also doing yoga, which is helping. She is using massage therapy to improve muscle spasms, which reduce medication usage. She complains of increased spasms due to non-coverage of medications. The patient complains of increased low back pain. The patient gets 40% relief from medications and no side effects. Currently, the injured worker complains of chronic neck pain, back pain, and right upper extremity radicular symptoms. She says she is unable to sleep on her left side because of left neck spasms. She also complains of burning in her upper extremity and right thumb between her fingers with swelling, increased spasms, increased low back pain, increased upper extremity chronic regional pain syndrome symptoms due to use of crutches, palpitations and high blood pressure. On examination, there is tenderness to palpation over the cervical spine paravertebral muscles, a positive Spurling's sign, decreased sensation in the C-6 dermatomes, right upper extremity increased hyperhidrosis, tender thumb proximal interphalangeal joint, decreased range of motion, increased sensitivity, and decreased lumbar range of motion. Part of the treatment plan included requests for authorization for the following: 1 prescription of Soma 350mg, #90, and 1 prescription of Norco 10/325mg, #150.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Soma 350mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol); Muscle relaxants (for pain).

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

**Decision rationale:** The MTUS notes that Soma (carisoprodol) is not recommended for longer than a 2 to 3 week period. It is metabolized to meprobamate, which requires classification as a schedule IV drug in some states. Withdrawal symptoms may occur with sudden discontinuation. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG guidelines state 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. 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). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse: 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. In this case the medical records document long-term use of Soma 350mg, exceeding the 2 to 3 week maximum duration recommended in the MTUS and ODG guidelines. The request for Soma 350mg #90 is not consistent with the MTUS and ODG guidelines and is not medically necessary.

### **1 prescription of Norco 10/325mg, #150: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-

opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records show that the injured worker has been taking Norco on a long-term basis. Utilization Reviews noted that there was no documentation of decreased pain and functional improvement. The most treatment notes do not document specific functional improvement with increased ability to perform ADLs or other tasks. With use of Norco, there was significant pain relief from 8/10 to 3/10 without limiting side effects. Urine drug testing has been performed and there is no indication of misuse or aberrant drug behaviors. A pain specialist provides treatment. Although documentation of specific functional improvement is lacking, this injured worker does require ongoing pain management for multiple conditions. The request for Norco 10/325mg #150 is medically necessary.