

<b>Case Number:</b>	CM15-0099860		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/29/2005
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 57 year old female, who sustained an industrial injury on April 29, 2005. She reported neck pain and right upper extremity pain. The injured worker was diagnosed as having cervical spondylosis, cervical disc degeneration, cervicgia and brachial neuritis. Treatment to date has included diagnostic studies, cervical epidural injection, activity modifications, physical therapy, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain radiating down the right upper extremity with associated stiffness, headaches and inability to sleep well at night. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 30, 2015, revealed improved pain in the neck by 80% and increased function since a recent cervical transforaminal injection combined with pain medication use. Pain medication and medication to help with sleep were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. In a Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spondylosis; CRPS/ RSD; and cervical. The medical record contains 41 pages. The documentation is largely illegible. There are four progress notes in the medical record. The earliest is January 12, 2015 and the latest or most recent is April 21, 2015 (request for authorization date April 25, 2015). Norco was prescribed as far back as January 12, 2015. The injured worker has persistently elevated VAS pain scores that remained unchanged in the documentation. According to the April 21, 2015 progress note, the pain score was 8/10. The injured worker, subjectively, states symptoms are better, improved 60% with a cervical epidural steroid injection. The pain score remains 8/10. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no attempted weaning in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Norco 10/325mg # 180 is not medically necessary.

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case,

the injured worker's working diagnoses are cervical spondylosis; CRPS/ RSD; and cervical. The medical record contains 41 pages. The documentation is largely illegible. There are four progress notes in the medical record. The earliest is January 12, 2015 and the latest or most recent is April 21, 2015 (request for authorization date April 25, 2015). Soma was first prescribed in the earliest progress note dated January 12, 2015. The documentation does not indicate an acute exacerbation of chronic low back pain. Additionally, Soma is indicated for short-term (less than two weeks). Soma was prescribed as far back as January 12, 2015. The most recent progress note in the medical records dated April 21, 2015. The treating provider exceeded the recommended guidelines (less than two weeks) by prescribing Soma in excess of three months. There is no documentation demonstrating objective functional improvement with ongoing Soma. Consequently, absent clinical documentation with evidence of objective functional improvement while prescribing Soma in excess of three months (exceeding the recommended guidelines) and no clinical evidence of an acute exacerbation of chronic low back pain, Soma 350 mg #90 is not medically necessary.