

<b>Case Number:</b>	CM13-0011015		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year-old female with a date of injury of 4/24/03. The medical documentation associated with the request for authorization, a primary treating physician's progress report dated 5/20/13, lists subjective complaints as increased pain in the neck, left knee, and right wrist. Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles, decreased range of motion, spasm, and positive compression test. Examination of the left knee was notable for effusion, stiffness and decreased range of motion. Examination of the right wrist revealed tenderness to palpation and decreased range of motion. Diagnoses include cervical degenerative disc disease, left knee chondromalacia patella, and right wrist tendonitis. The medical records provided for review document that the patient has been taking Vicoden 100mg and Soma 350mg for at least as far back as 11/30/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Vicodin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** There is no quantity or directions for use with the request. In addition, the Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. As such, the request is not medically necessary.

**Unknown prescription of Soma:** Upheld

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

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

**Decision rationale:** There is no quantity or directions for use with the request. In addition, the MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. As such, the request is not medically necessary.