

<b>Case Number:</b>	CM13-0025081		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/20/1992
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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:

This patient is a 60-year-old female who reported an injury on 07/20/1992. The notes indicate the patient is currently diagnosed as status post C5-6 laminectomy/discectomy performed on 10/16/1992 with residual trapezius signs and symptoms, as well as radiculopathy in the bilateral upper extremities. The patient is also assessed with severe degenerative disc disease and spondylosis, as well as facet osteoarthritis and stenosis. The documentation submitted for review details clinical notes from 08/15/2012, 07/01/2013, and 01/30/2013 which are handwritten and of extremely poor quality. Furthermore, there is indication of a supplemental report with the requesting physician which is dated 12/05/2013. Per the documentation submitted for review, the patient is currently prescribed Vicodin 5/500 mg for use 4 times a day and Soma 350 mg for use daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol and Anti-Spasmodics Page(s): 29, 65.

**Decision rationale:** CA MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been Final Determination Letter for IMR Case Number CM13-0025081 3 suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. However, the documentation submitted for review indicates in the clinical notes of 07/01/2013 the patient has discontinued the use of Soma and the supplemental report submitted for review indicated the patient was already weaning from Soma. Nonetheless, as guidelines indicate the medication is not indicated for long-term use and as notes indicate the patient was prescribed this medication as of 07/01/2013, the request for continued use of the medication is not supported. The request for Soma is not medically necessary and appropriate.

**Vicodin 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific and Ongoing Management Page(s): 78, 91.

**Decision rationale:** CA MTUS states that hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for ongoing monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. While the documentation submitted for review indicates the patient has expressed satisfaction in taking these medications, providing beneficial results, there is lack of documentation submitted for review identifying effective analgesia, improvement in ability to undertake activities of daily living, or to indicate any adverse side effects and aberrant drug-taking behaviors have been addressed. The request for Vicodin 5 mg is not medically necessary and appropriate.