

<b>Case Number:</b>	CM13-0039021		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/29/2000
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedic Surgery 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 injured worker is a 70-year-old female who was reportedly injured on 2/29/2000. The mechanism of injury was noted as a slip and fall. The most recent progress note dated 10/29/2013, indicated there were ongoing complaints of cervical and lumbar spine pain, bilateral shoulder and wrist pains. The physical examination demonstrated a slight-moderate spasm of the lumbar spine is noted right greater than left. The patient's range of motion was normal. A straight leg raise test was positive on the right 80 causing pain. There was a spasm noted on the cervical spine and a normal range of motion. There was positive tenderness at the bicipital groove and acromioclavicular joint, right greater than left. No previous diagnostic studies were available for review. Previous treatment included medications such as Prilosec, Tylenol #2 and Soma. A request was made for Tylenol #2 one three times daily as needed, Soma 350 mg twice daily as needed and was not certified in the pre-authorization process on 9/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL #2 1 TID PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

**Decision rationale:** Tylenol #2 is recommended as an option for mild to moderate pain, as indicated below. Codeine is a Schedule C-II controlled substance. It is similar to morphine. Thirty milligrams of codeine is combined with 300 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. After review of the medical records, it was noted that the injured worker did have chronic pain from her work related injuries. This medication has been used to relieve her pain; however, there was no noted documentation in the subjective portion stating the effects of the medication in the reduction of pain and the improvement of function. Also, there was no amount of medication requested. Lacking supporting documentation, this request for continued use of a controlled substance is deemed not medically necessary.

**SOMA 350 BID PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MUSCLE RELAXANTS, 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29 of 127.

**Decision rationale:** The California MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. After review of the medical documentation provided, it was noted that the injured worker does have objective clinical findings of muscle spasm. However, the clinician does not provide any specific reason and/or rationale for deviation from the guidelines. As such with very specific recommendation of the MTUS against the use of this medication, this request is deemed not medically necessary.