

<b>Case Number:</b>	CM13-0045549		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/2000
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 51 year old patient had a date of injury on 1/8/2000. The mechanism of injury was not noted. On a progress note dated 10/30/2013, the patient states his pain has been worse with colder weather, has increased pain in his neck, shoulders and elbows. Objectively he has fair upper extremity range of motion, has multiple areas of muscle tightness in shoulders and scapular region. Diagnostic impression shows lumbago, cervicgia, undefined myalgia. The treatment to date: medication management, behavioral modification. Tylenol #3 #90, stating 1 month supply is supported to enable the provider to assess the efficacy of this short acting opioid analgesic at decreasing pain and increasing function, with monitoring of UDS. Topamax 50 mg #60 was denied stating headaches is not supported as the guidelines indicate Topiramate to show variable efficacy, with failure to demonstrate efficacy of central etiology. and Soma 350 mg #90, stating this medication is only supported in acute and sub-acute conditions and not intended for chronic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a progress report dated 10/24/2013, the patient complains of pain in his neck, hands, and extremities. He also mentions that his pain is tolerable with medications. Therefore, the request for Motrin 800 mg #90 is medically necessary.

**TYLENOL NO. 3 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Tylenol number 3 #90 is not medically necessary.

**TOPAMAX 50MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In the reports viewed, the patient is noted to use Topiramate for headache. There was no evidence that other 1st line agents were attempted to justify the use of this medication at this time. Therefore, the request for Topiramate 50 mg #60 is not medically necessary.

**SOMA 350MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

**Decision rationale:** The CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines, and in the reports viewed, the patient is documented to be on opioids such as Tylenol #3. Furthermore, it was not clear how long the patient has been Soma. Therefore, the request for carisoprodol #90 was not medically necessary.