

<b>Case Number:</b>	CM13-0052766		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 03/25/2013. The injured worker was reportedly moving a large desk weighing approximately 300 pounds, when it fell onto his lap. Current diagnoses include musculoligamentous sprain of the right hip, severe end stage hip arthrosis, musculoligamentous sprain of the lumbar spine with radiculopathy, sprain of the left thumb, history of right knee arthritis, history of right shoulder rotator cuff surgery, and sleep impairment. The injured worker was evaluated on 11/08/2013. The injured worker reported persistent lower back pain with radiation to the right lower extremity. Current medications include Vicodin 5/500 mg, Soma 350 mg, and Relafen 750 mg. Physical examination revealed limited lumbar range of motion, positive straight leg raising, severe paraspinal muscle tenderness, tenderness at the right sciatic notch, limited hip range of motion, cracking on range of motion of the right knee, tenderness in the anterior and superior portion of the right shoulder joint, weakness on left thumb opposition, tenderness at the base of the thumb, positive Tinel's testing at bilateral carpal tunnels, diminished strength, and decreased sensation. Treatment recommendations at that time included a refill of Vicodin, Relafen, and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RELAFEN 750MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAID) Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. As guidelines do not recommend NSAIDs for long-term relief, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Therefore, the request is non-certified.

**VICODIN 7.5MG/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. There is also no frequency listed in the current request. Therefore, the request is non-certified.

**SOMA 350MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.