

<b>Case Number:</b>	CM13-0053557		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/30/2008
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Geriatrics, and is licensed to practice in New York. 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:

The injured worker is a 25 year old man with a date of injury of 11/30/08 involving a fall from a ladder landing on his feet and twisting his left ankle. He is status post two surgeries for his fractured ankle. The primary physician's note of 5/13/13 indicates that he has 6/10 throbbing pain in his left ankle which is worse when walking, stair climbing or standing for prolonged periods. On physical exam, he had healed incisions about the left ankle with swelling. There was no crepitus or palpable tenderness. His right ankle's range of motion was normal. His left ankle had reduced dorsiflexion to 10 degrees but otherwise had normal range of motion. He had a negative Tinel's sign and Anterior drawer sign. Radiographs of the left ankle showed some heterotrophic calcification between the tibia and fibula with a healed fibula fracture and evidence of the previous plate as well as a retained foreign body along the distal aspect of the medial tibia. His diagnosed were status post open reduction/internal fixation of the left ankle, removal of hardware-left ankle, chronic left ankle pain and post-traumatic arthrosis. The plan was to refill his pain medications of Norco and Soma. The refill of these medications are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/35 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 25 year old injured worker has chronic left ankle pain with an injury sustained in 2008. His medical course has included numerous diagnostic and treatment modalities including surgery and the use of several medications including narcotics and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 5/13/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. The Norco is denied as not medically necessary.

**request for Soma 350mg #90 with two (2) refills:** 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): 29, 63-66.

**Decision rationale:** This 25 year old injured worker has chronic left ankle pain with an injury sustained in 2008. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 5/13/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Muscle spasm is also not documented. Carisoprodol (Soma®) is not recommended or indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). 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. The records do not support medical necessity for Soma.