

<b>Case Number:</b>	CM13-0065214		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 04/22/2010. The mechanism of injury was not provided in the medical records. Her symptoms included pain to the neck with some associated spasms. She was noted to have trigger points at the base of her neck. The injured worker complained of moderate pain at the extremes of motion. Motor examination was noted to be normal in all major muscle groups of the upper extremities. Sensory examination was noted to be normal to light touch. Biceps, triceps, and brachioradialis reflexes were noted to be 0 to 1+ and no pathologic reflexes were evident. The injured worker was diagnosed with cervicalgia. Diagnostic studies were not included in the medical records. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013 web-based edition

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

**Decision rationale:** According to the California MTUS Guidelines, Soma is not indicated for longer than a 2 to 3 weeks period. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. 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. Soma abuse has also been noted in order to augment or alter effects of other drugs. 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. The documentation submitted for review indicates the injured worker has pain to the neck with some associated spasms. However, the documentation indicated the injured worker has been taking the requested medication for an extended period of time. As the guidelines state Soma is not indicated for longer than 2 to 3 weeks, and the injured worker has been noted to be taking the medication for an extended period of time, the request is not supported. Additionally, the request as submitted, failed to indicate the frequency in which this medication is to be taken. Therefore, the request for Carisoprodol 350 mg #30 is not medically necessary.

**HYDRO-APAP 10/325mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013 web-based edition.

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

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review noted the injured worker complained of moderate pain at the extremes of motion to the cervical spine. However, the documentation failed to provide evidence of increased function with the use of opioids, and whether there had been reported adverse effects or aberrant drug taking behaviors. In the absence of the detailed documentation required by the guidelines for the ongoing use of opioid medication, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for Hydro-APAP 10/325 mg #30 is not medically necessary.