

<b>Case Number:</b>	CM13-0067361		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 patient has filed a claim for chronic pain syndrome with significant psychosocial dysfunction associated with an industry injury of May 10, 2010. Thus far, the patient has been treated with Norco, Vicodin, Xanax, Soma, Depakote, Ambien, gabapentin, Cymbalta, ganglion block, and home exercise program. Patient did not tolerate physical therapy or splinting. Patient is currently on permanent disability and condition is deemed permanent and stationary. Review of progress notes shows the right hand is mimicking the pain in the left with tingling and burning. There is pain and burning of bilateral lower extremities as well. Symptoms cause difficulty manipulating objects. Findings include tenderness and spasm of cervical area. There are irreversible end-stage findings of CRPS including significant skin changes, bone changes, and atrophy. Patient also has associated depression that adds to the limitation of activities and social and personal function, which is also being managed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG BID #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 29 and 65 of the Chronic Pain Medical Treatment Guidelines, Soma (Carisoprodol) is a centrally acting skeletal muscle relaxant which is not indicated for long-term use. Abuse has been noted with Soma believed due to the accumulation of meprobamate, a primary metabolite and a schedule-IV controlled substance. The 7/26/13 medical report has diagnoses that include muscle spasm. The patient appears to have been prescribed Soma since at least 7/26/13 and the provider continues to request refills of Soma as recently as 11/25/13. Since long-term use is not recommended, the request for Soma 350mg was not medically necessary per the guideline recommendations of MTUS.

**DEPAKOTE 250MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation information on Depakote.

**Decision rationale:** CA MTUS does not specifically address this issue. FDA states that Depakote (divalproex sodium) is a valproate and is indicated for the treatment of the manic episodes associated with bipolar disorder, complex partial seizures, and migraine headache prophylaxis. In this case, there is no documentation of bipolar disorder, seizures, or migraine headaches necessitating prophylaxis in this patient. There is no clear indication for this medication. Therefore, the request for Depakote 250mg was not medically necessary per the guideline recommendations of FDA were not met.

**MRI OF CERVICAL, THORACIC AND LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-180, 303-304. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, LOW BACK; NECK AND UPPER BACK COMPLAINTS, 303-304; 179-180

**Decision rationale:** As noted on pages 179-180 and 303-304 of the MTUS ACOEM Guidelines, there is support for imaging of the spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, there is no documentation regarding red flag diagnoses or significant changes in symptoms referable to the spine. There is no clear indication for an imaging study of the entire spinal anatomy. Therefore, the request for MRI of the cervical, thoracic, and lumbar spine was not medically necessary per the guideline recommendations of MTUS were not met.