

<b>Case Number:</b>	CM13-0072172		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 is an employee of [REDACTED] and submitted a claim for chronic thoracic sprain/strain, rib strain, thoracic muscle spasm, and cervical/thoracic segmental dysfunction associated with an industrial injury date of January 19, 2000. Treatment to date has included the use of pain medications and sedatives. Review of the submitted records as per an evaluation dated 12/13/13 showed restricted cervical right lateral flexion 30-40 degrees and left rotation 60-80 degrees, +2 tenderness to palpation C4-C6, +3 right 1st 30 degrees, and abduction with pain at 100%. Soto Hall was positive for increased cervical spine pain. Examination of thoracic, lumbar, gait, stance, and motor tone were normal. The patient has been on medication ranging from Vicodin, Celebrex, Phenergan, and Restoril. The patient has been utilizing Carisoprodol since at least May 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 CARISOPRODOL (SOMA) 350MG:** Upheld

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

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

**Decision rationale:** As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended for long-term use. It also has an active metabolite that is a schedule IV controlled substance. In this case, the patient was utilizing Carisoprodol since May 2013. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Carisoprodol is not medically necessary.

**120 HYDROCODONE/APAP 10/325MG:** Upheld

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

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

**Decision rationale:** he California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been utilizing this medication since May 2013. The patient's records did not mention any decrease in pain scores or functional improvements such as improved performance of activities of daily living. Therefore the request for Hydrocodone is not medically necessary.