

<b>Case Number:</b>	CM14-0005380		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 36 year old female documented as sustaining an injury in January 2010. The mechanism of injury is described as a fall while the injured worker was standing on a ladder cleaning a vent and turned to catch a falling rag. Subsequently, the injured worker underwent a Mumford procedure in August 2010 and received extensive postoperative physical therapy. The review in question is from December 2013. The denied request include Norco 10/325 mg, 150 tablets and Soma 350 mg, 60 tablets. As of December 2013 the injured worker was following up with pain management with continued complaints of numbness in the right thumb and index finger, slight weakness due to pain in right upper extremity, and diminished sensation in the right thumb and index finger. Cervical motion is also documented as being reduced. Norco was denied based on the fact that ongoing review and documentation of pain relief and functional status should be performed for individuals utilizing opioid therapy. This documentation was not provided. The request was noncertified secondary to evidence of chronic use and the Medication Treatment Utilization Schedule (MTUS) recommendation against long-term use of muscle relaxants. The included progress notes indicate that multiple muscle relaxants including Zanaflex, Skelaxin, and Flexeril have been attempted. It appears that the injured worker has been taking muscle relaxants since January 2013 and Soma is noted as a medication on the September 2013 note. The provided drug screen from October 2013 is positive for opiates only. The progress note from December 2013 indicate worsening of arm pain, medications are documented as being "helpful and well tolerated," and the pain is rated as 8-9/10 without medications and 7-8/10 with.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, 150 COUNT, PRESCRIBED ON DECEMBER 23, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Section Page(s): 74-96.

**Decision rationale:** The Medical Treatment Utilization Guidelines (MTUS) indicates that ongoing management should include documentation of pain relief, functional status, appropriate medication usage, and side effects. Based on the clinical documentation submitted, the clinician does not comment on functional status of the injured worker and there is no documentation regarding the time of onset of pain relief following the dosage. The request for Norco 10/325 mg, 150 count, prescribed on December 23, 2013, is not medically necessary or appropriate.

**SOMA 350MG, SIXTY COUNT, PRESCRIBED ON DECEMBER 23, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

**Decision rationale:** The Medical Treatment Utilization Guidelines (MTUS) specifically does not recommend long-term use. Based on the clinical documentation provided, multiple muscle relaxants have been utilized for at least the last year. The request for Soma 350 mg, sixty count, prescribed on December 23, 2013, is not medically necessary or appropriate.