

<b>Case Number:</b>	CM14-0164445		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/23/2004
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 claimant is a 45 year old male with a date of injury of 12/23/2004. Office visit on 9-9-14 notes the claimant has pain in the neck, bilateral shoulders, elbows and wrists. Objective findings during a physical examination included decreased reflexes in the upper extremities, right elbow tenderness, decreased cervical range of motion, negative cervical orthopedic testing, decreased strength in the upper and lower extremities, decreased sensation in the upper extremities, as well as tenderness and slight warmth of the right shoulder and elbow. Documentation from the time of examination indicates pain worst when sleeping, numbness of the neck, pain rated 9/10 without medications and 6/10 with medications, as well as numbness, tingling and swelling in the bilateral arms. Previous treatments for this patient have included elbow surgeries, nerve block injections, epidural injections, and a trial of spinal cord stimulation, stellate ganglion blocks, physical therapy, mental health care, and medications. Current medications include Percocet, Carisoprodol, gabapentin, omeprazole, nabumetone, Tizanidine, alprazolam, Flector patch, Lidoderm, clonidine HCl, and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Percocet 10/325mg, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. His pain complaints are actually increasing. There is an absence in documentation noting that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established. The request is not medically necessary.

**(1) Prescription of Carisoprodol 350mg, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Soma, Soprodol 350, Vanadom, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Soma

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case, particularly Carisoprodol, which has high addictive properties. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established. The request is not medically necessary.