

<b>Case Number:</b>	CM14-0174772		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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:

This patient is a 51 y/o female who has developed upper extremity pain subsequent to an injury dated 6/10/09. She has been treated with surgery for a right wrist TFCC tear. She is documented to have bilateral shoulder, forearm and hand discomfort. The primary treating physician has been prescribing oral analgesics that include Soma and Tylenol #3 and no benefits from the medications are documented by the prescribing physician. The secondary treating physician supplies compounded topicals and states that the medications lower VAS scores by 50%. Specific documentation detailing the frequency or use, circumstances of use, amount of benefit, and length of benefit are not documented. No functional improvements are documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Carisoprodol 350mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** MTUS Guidelines are very specific that Carisoprodol is not a recommended drug. There are no unusual circumstances to justify an exception to Guidelines. The Carisoprodol 350mg is not medically necessary.

**60 tablets of APAP/Codeine 300/30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines are very specific regarding the necessary standards to justify the long term daily use of Opioid medications. These standards include screening and follow up for misuse, detailed history regarding use patterns, detailed documentation of the amount and length of pain relief and documentation of functional benefits. These Guideline standards have not been met and there are no unusual circumstances to justify an exception to Guidelines. The APAP/Codeine 300/30 #60 is not medically necessary.