

<b>Case Number:</b>	CM14-0026839		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 49-year-old male who was reportedly injured on October 11, 2001. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of left shoulder, right shoulder, bilateral wrist, bilateral knee, bilateral ankle pains. The pain level was noted to be 9/10. There has not been any change in the characteristics of pain, and there has not been any improvement in the symptoms. The return to work in a modified duty status was noted. The physical examination demonstrated a borderline hypertensive (136/94), 135 pound individual with an antalgic gait pattern. The injured employee appeared to be depressed and in severe pain. There was tenderness to palpation over both shoulders, decreased range of motion of the involved joints, and thoracic and lumbar vertebral musculature spasms. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** The most recent progress notes indicate that a separate opioid medication is being taken. There was no narrative indicating the use of the medication Norco. Given that the California Medical Treatment Utilization Schedule identifies this as indicated for the short-term management of moderate to severe pain, and by the date of injury and the ongoing pain complaints. There was no clinical indication for use of this medication in the face of the other narcotics being prescribed. As such, the request for Norco 10/325mg #180 is not medically necessary.

**NAPROXEN #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 66 & 73.

**Decision rationale:** When considering the reported mechanism of injury and noting the date of injury, the findings identified on the most current physical examinations reported, there was no clinical indication presented for the use of this non-steroidal anti-inflammatory medication. While noting that this is an option, there were more significant analgesic medications being prescribed, and there were no inflammatory processes identified. Therefore, based on the records presented for review, the request for Naproxen #180 is not medically necessary.

**ZANTAC 150MG:** 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67-68.

**Decision rationale:** When noting the date of injury, the injury sustained, the current complaints offered by the injured employee and by the medications prescribed and last several orthopedic visits, there was no indication for this preparation. This medication addresses gastrointestinal distress, and there were no such complaints. Furthermore, there were no medications that would require a protectant such as his medication. Therefore, the request for Zantac 150mg is not medically necessary.

**SOMA 350MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Carisoprodol Page(s): 29.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, this medication is not recommended secondary to the metabolite profile and the abuse potential. Furthermore, there were no complaints of muscle spasm noted, as the issues are to the lower extremities. Therefore, based on the records reviewed, the request for Soma 350mg #60 is not medically necessary.