

<b>Case Number:</b>	CM14-0031339		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/28/2002
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, bilateral elbow, bilateral wrist, and bilateral shoulder pain reportedly associated with an industrial injury of June 28, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; transfer of care to and from various providers in various specialties; and apparent retirement from the workplace. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for Soma outright, approved a request for ibuprofen, and partially certified a request for Vicodin, apparently for weaning purposes. The applicant's attorney subsequently appealed. The applicant's case and care were complicated by comorbid hypertension, coronary artery disease, and dyslipidemia, it was suggested. In a January 8, 2014 progress note, the applicant was reporting 10/10 pain without medications and 7-8/10 pain with medications. The applicant was using four Vicodin a day, one Soma a day, and three Motrin per day, it was stated. The applicant was reporting persistent, constant neck, back, wrist, and shoulder pain, it was suggested. Various medications were refilled. The applicant was described as having failed conservative treatments and was asked to consult a spine surgeon. The applicant's work and functional status were not provided, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Anti-Inflammatory Medications Page(s): 29.

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Vicodin, an opioid agent. Adding Carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary.

**VICODIN 7.5/750MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is apparently off of work, either as a function of age-related retirement or as a function of the industrial injury. The applicant's reduction in pain levels from 10/10 to 8/10 appears to be marginal to negligible and is outweighed by the applicant's failure to return to work and the attending provider's failure to document any improvements in terms of performance of non-work activities of daily living. Therefore, the request is not medically necessary.