

<b>Case Number:</b>	CM14-0048313		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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, shoulder, knee, wrist, and elbow pain reportedly associated with an industrial injury of October 9, 2012. Thus far, the applicant has been treated with analgesic medications; attorney representation; muscle relaxant; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 13, 2014, the claims administrator conditionally certified a request for Hydrocodone-acetaminophen, denied a request for Carisoprodol, and also apparently denied a corticosteroid injection. They also apparently denied a corticosteroid injection to the knee. In a note dated December 19, 2013, the applicant was described as having multifocal back, knee, shoulder, and hand pain issues. The applicant seemingly had an operating diagnosis of myofascial pain syndrome. The applicant was given a rather proscriptive 5-pound lifting limitation, which appeared to be a permanent limitation. In a later note dated February 25, 2014, the applicant presented with multifocal low back, shoulder, knee, and wrist pain. The applicant is having difficulty performing even basic activities of daily living such as writing. Norco and Soma were apparently renewed. The applicant was placed off of work, on total temporary disability. The attending provider apparently sought authorization for knee and wrist corticosteroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90:** 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 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 employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Norco, an opioid. Adding Carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

**Cortisone injection to the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee : Steroids; ODG CTS Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 339, invasive techniques such as the cortisone injection being proposed here are not routinely indicated. In this case, no rationale for the injection in question was proffered by the attending provider. It was not clearly stated what was suspected and/or how many prior knee corticosteroid injections (if any) the applicant had had to date. Therefore, the request is not medically necessary.