

<b>Case Number:</b>	CM14-0183839		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/18/2004
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

Patient is a 55 year-old female with date of injury 08/18/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/11/2014, lists subjective complaints as pain in the neck and right shoulder. Objective findings: Examination of the cervical spine revealed decreased range of motion, with extension to 25 degrees and flexion to 25 degrees. Right upper extremity abducted to 40 degrees. No other physical examination findings were documented by the requesting provider. Diagnosis: 1. Discogenic cervical condition with MRI showing disc disease 2. Impingement syndrome of the shoulder on the right side 3. Weight gain of 20 pounds, issue of sleep, depression, sexual dysfunction, GERD, constipation, concentration issues and hypertension which she attributes to her pain. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Hydrocodone/APAP tab 10/325mg, #902. Carisoprodol tab 350mg, #60 There was no SIG documented by the provider for the above medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP Tab 10/325mg day supply: 30, QTY: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Hydrocodone/APAP Tab 10/325mg day supply: 30, QTY: 90 is not medically necessary.

**Carisoprodol Tab 350mg, day supply: 30, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain.

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

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol Tab 350mg, day supply: 30, QTY: 60 is not medically necessary.