

<b>Case Number:</b>	CM14-0193181		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/27/2003
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal 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 injured worker (IW) is a 48-year-old woman with a date of injury of December 27, 2003. The mechanism of injury was not documented in the medical record. The accepted injury is to the bilateral elbows, bilateral wrists, right ankle, head, neck, and lumbar spine. The current diagnoses include right shoulder girdle sprain with tendinopathy; cervical sprain with spondylosis; chronic medial and lateral epicondylitis right elbow; history of right ankle sprain, chronic; history of right wrist sprain; history of right shoulder girdle sprain with tendinopathy with type II acromion per magnetic resonance imaging (MRI). Treatment has included medications, and medical office visits. Pursuant to the most recent progress note available for review dated October 22, 2014, the IW complains of right shoulder pain with severe cramp in the shoulder, as well as the inability to raise her arm above shoulder height. On examination, limited range of motion is noted. Her right ankle exam reveals exquisite tenderness over the medial and lateral epicondyles with positive Cozen's maneuver. The provider notes on September 23, 2014 that he refilled Norco 10/325mg # 120, Ibuprofen 800mg #90, and Soma 350mg #30. Documentation indicates the IW was given Soma was initially prescribed July 1, 2014. There were no pain assessments or objective functional improvement documented in the medical record. Treatment recommendations includes the continuation of medications to keep the IW functional and the continuation of her home exercise program. She was fitted for a new ankle sock to help stabilize her ankle complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Norco 10/325 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker was 48 years old and the date of injury December 27, 2003. The injuries sustained were to the bilateral elbows, bilateral wrists, right ankle, head, neck and lumbar spine. There is no documentation in the medical record that indicates objective functional improvement associated with the use of opiates. There were no pain assessments. The documentation from September 23, 2014 indicates Norco was being taken at that time, however, the total time duration is unclear based on the documentation. Consequently, absent the appropriate documentation, detailed pain assessments and objective functional improvement, Norco 10/325 mg #150 is not medically necessary.

**Soma 350mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #30 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the earliest progress note indicating Soma was prescribed is dated July 1, 2014. A subsequent progress notes dated September 23, 2014 also indicates Soma is being prescribed. The history and physical examination, however, do not discuss muscle spasm at the lumbar spine. Additionally, Soma is indicated for short-term (less than two weeks). The injured worker has been taking Soma well in excess of the recommended guidelines, up to two weeks, without compelling evidence indicating someone should be continued. Consequently, Soma 350 mg #30 is not medically necessary.

