

<b>Case Number:</b>	CM15-0002323		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male who reported an injury on 09/09/1999 due to an unspecified mechanism of injury. On 11/17/2014, he presented for a follow up evaluation. It was noted that he was taking Norco 4 a day, Fibercon 2 to 6 a day, MiraLAX as needed, melatonin 2 at bedtime, AndroGel 2 to 4 pumps, and Zantac 10 mg 2 at bedtime as needed. He reported that, after being on Provigil and Cymbalta, he was experiencing an improved mood and alertness of 50% to 70%. He also reported increasing anxiety, nausea, headaches, insomnia, lack of joy, despondency, frustration, and stated that he was scared. It was stated that he would discuss with a separate physician to see if his symptoms were being caused by polypropylene mesh. A physical examination did not show any abnormalities. He was diagnosed with generalized anxiety disorder and mood disorder NOS. The treatment plan was for Soma, hydrocodone, and lab reports. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tab 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 23, 63.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of this medication, and it is stated that Soma is not indicated for long term use. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, Soma is not supported by the guidelines for use, and the frequency was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Hydrocodone 10/325mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 76, 77, 78, 43, 74, 86, 80, 91, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state than an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request, and refills of this medication will not be supported without a re-evaluation. Therefore, the request is not supported. As such, the request is not medically necessary.

**Labs complete including: CBC, CMP, UA, PTT, PSA, Vitamin D and sedimentation rate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Pre-Operative Labs.

**Decision rationale:** The Official Disability Guidelines state that the decision to order laboratory reports should only be performed if the injured worker has comorbidities or underlying health risks prior to surgery. The documentation provided does not indicate that the injured worker was to undergo surgery, and there was no evidence showed that he had any underlying health risks or

comorbidities that would support the requested lab reports. Also, a clear rationale was not stated for the medical necessity of the requested labs, and without this information the request would not be supported. Therefore, the request is not medically necessary.