

<b>Case Number:</b>	CM15-0102138		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 49 year old female who sustained a work related injury October 15, 2007. According to a primary treating physician's progress report dated April 7, 2015, the injured worker presented complaining of stress and not sleeping, as her husband passed away at the end of the past month. Her hands are achy, rated 4-5/10, without medication and 2-3/10 with medication, and there is no increase in numbness. Handwritten notes are difficult to decipher. Diagnosis is documented as bilateral RSI (repetitive strain injury) upper extremity. Treatment plan included request for authorization for Norco and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 49 year old female with an injury on 10/15/2007. Her diagnosis was upper extremity repetitive strain injury. On 04/07/2015 it was noted that her husband passed away the end of 03/2015 and she was having stress with difficulty sleeping. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the requested treatment is not medically necessary.

**Soma 350 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

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

**Decision rationale:** The patient is a 49 year old female with an injury on 10/15/2007. Her diagnosis was upper extremity repetitive strain injury. On 04/07/2015 it was noted that her husband passed away the end of 03/2015 and she was having stress with difficulty sleeping. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, Carisoprodol is a muscle relaxant that is metabolized to Meprobamate, a controlled substance with a high addiction risk. MTUS guidelines specifically note on page 29 of Chronic Pain guidelines that this medication is not recommended.