

<b>Case Number:</b>	CM15-0107938		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 58-year-old female who sustained an industrial injury on 3/20/13, a cumulative trauma through 12/30/13 involving her right elbow and forearm. She received trigger point injections to the right forearm without improvement in pain. She was diagnosed with myofascial pain and possible steroid response. She was on pain medications and was ordered electromyography/ nerve conduction studies and MRI of the cervical spine. Of note, the injured worker was involved in an industrial motor vehicle accident 12/4/00 resulting in numerous injuries including injuries to the bilateral wrists. She complains of pain in bilateral elbows with pulling and reaching motion. She is very sensitive on palpation of right lateral and medial epicondyles; hands are painful with no strength; there is mild myofascial tightness in the left shoulder area. Her pain level is 7/10. Activities of daily living cause pain. Medications are Norco, Soma, and Prozac. There were no drug screens noted. Diagnoses include repetitive stress injury, both upper extremities; diffuse tenosynovitis, forearms, wrists and hands; cervical and lumbar sprain; myofascial syndrome; fibromyalgia- bilateral; complex regional pain syndrome; autonomic dysregulation irritable bowel syndrome; upper extremity overuse syndrome. Treatments to date include hand splint; medications; home exercise program; physical therapy. Diagnostics include MRI of the cervical spine (6/15/13) showing degenerative changes, mild spinal canal stenosis, and severe left neural foraminal narrowing with entrapment. In the progress note dated 5/14/15 the treating provider's plan of care includes renewing Norco # 120 and Soma 350mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking opioids without documentation of risk assessment profile, attempt at weaning, current drug screen, and signed pain contract. The request for Norco 10/325 mg #120 is not medically appropriate and necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Soma350 mg #60 is not medically appropriate and necessary.