

<b>Case Number:</b>	CM15-0010052		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 a 51 year old female, who sustained an industrial injury on 6/5/13. The injured worker has left foot and ankle pain secondary to sprain/strain and now has become chronic. The documentation noted that movement of her left ankle causes pain primarily in dorsiplantar flexion with pain worse in inversion. On palpation she has tenderness present over the lateral of the left ankle and also on the medial, though much less, no edema or erythema, no gross deformity noted. The diagnoses have included partial tear of tibiofibular ligament and tenosynovitis left ankle/foot per Magnetic Resonance Imaging (MRI); synovitis left foot and chronic sprains/strains of left foot. She is to have no prolonged walking or standing more than 1 hour. According to the utilization review performed on 12/16/14, the requested Carisoprodol 350mg #60 has been modified to Carisoprodol 350mg #15 to facilitate a weaning regimen. The requested Butrans Dis 10 mcg #4 has been non-certified and the requested Apap/Codeine 300/30mg #60 has been modified for Apap/Codeine 300/30mg #45 to facilitate weaning. MTUS does not recommend use of carisoprodol, noting potential lack of long-term indication for this drug and potential for intoxication and abuse; if these medications were discontinued, a weaning regimen is reasonable in order to avoid withdrawal symptoms. MTUS criteria for Butran patch were used and ODG does not recommend as a first-line drug in all instances. MTUS was used for Apap/codeine and that insufficient information concerning symptomatic and functional improvement with Apap/codeine was documented to support medical necessity. If codeine is discontinued a weaning regimen would be appropriate in order to avoid withdrawal symptoms. CA MTUS Chronic Pain Medical Treatment Guidelines were used.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Carisoprodol 350mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to Carisoprodol to justify use. The medical necessity of Carisoprodol is not substantiated in the records.

### **Butrans Dis 10 mcg #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. The medical necessity of butrans is not substantiated in the records.

### **Apap/Codeine 300/30mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. The medical necessity of Apap/Codeine 300/30mg is not substantiated in the records.