

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0018538 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 04/01/2002 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 01/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/31/2015 |

### 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  
 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 54 year old female, who sustained an industrial injury on April 1, 2002. The diagnoses have included pain in bilateral upper extremities due to work related repetition, bilateral de Quervain's tenosynovitis; bilateral carp tunnel syndrome, bilateral forearm tendinitis and neuritis, status post trigger thumb release on February 7, 2007 and anxiety/depression pain related. Treatment to date has included oral pain medication, brace for wrist and elbow and electromyogram and nerve conduction study on June 6, 2002. Currently, the injured worker complains of hand pain better with brace, pain in the right elbow and is able to tolerate pain with medications. In a progress note dated December 22, 2014, the treating provider reports right hand able to extend right hand at wrist. On January 11, 2015 Utilization Review non-certified a Norco 10/325mg quantity 90, and Soma 350mg quantity 90 with 1 refill, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in shoulders bilaterally and upper extremities, rated 7/10. The request is for NORCO 10/325 MG # 90. Physical examination on 12/22/14 to the right elbow revealed tenderness to palpation at the right lateral epicondyle. Per 12/22/14 progress report, patient's diagnosis include pain in bilateral upper extremities due to work related repetition, bilateral de Quervain's tenosynovitis, bilateral carpal tunnel syndrome based on EMG/NCV findings 06/06/02, bilateral forearm tendinitis and neuritis, s/p left trigger thumb release 02/07/07 and anxiety/depression, pain related. Patient has been prescribed Norco and Soma from 05/02/14 and 12/22/14. Per 11/24/14 progress report, patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been prescribed in treater reports from 05/02/14 to 12/22/14. The request is for Norco 10/325 # 90. UR letter dated 01/12/15 has modified the request to # 68, stating that weaning of Norco is recommended. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are no numerical scales or validated instruments to address analgesia; no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Soma 350mg #90 with 1 refill:** Upheld

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

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

**Decision rationale:** The patient presents with pain in shoulders bilaterally and upper extremities, rated 7/10. The request is for SOMA 350 MG # 90 WITH 1 REFILL. Physical examination on 12/22/14 to the right elbow revealed tenderness to palpation at the right lateral epicondyle. Per 12/22/14 progress report, patient's diagnosis include pain in bilateral upper extremities due to work related repetition, bilateral de Quervain's tenosynovitis, bilateral carpal tunnel syndrome based on EMG/NCV findings 06/06/02, bilateral forearm tendinitis and neuritis, s/p left trigger thumb release 02/07/07 and anxiety/depression, pain related. Per 10/27/14 progress report, patient's medications include Norco and Soma. Per 11/24/14 progress report, patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Soma has

been prescribed in treater reports from 05/02/14 to 12/22/14. The request is for Soma 350 mg # 90 with 1 refill. UR letter dated 01/12/15 had modified the request to 1 prescription of Soma 350 mg # 5 for the purpose of weaning. The treater does not document a specific improvement in function or reduction in pain due to its use. Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks. Therefore, the request IS NOT medically necessary.