

<b>Case Number:</b>	CM15-0163681		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 with an industrial injury dated 04-21-2013. The injured worker's diagnoses include cervical spine disc protrusion, lumbar facet hypertrophy, status post external neurolysis in February 2014, and right carpal tunnel syndrome. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 07-23- 2015, the injured worker reported neck pain, right shoulder pain, right hand pain and right leg sensitivity. Objective findings revealed cervical spine pain with range of motion, increased warmth in right upper extremity and hyperesthesia in the ulnar aspect of the right hand with intrinsic atrophy. The treatment plan consisted of medication management and follow up visit. The treating physician prescribed Hydroco-APAP 10-325 mg #120 and Carisoprodol 350 mg #30, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroco/APAP 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for neck pain, right shoulder and hand pain, and right lower extremity numbness and tingling with radicular symptoms. Norco is referenced as decreasing pain from 9/10 to 5-6/10. When seen she was considering returning to restricted work. Physical examination findings included decreased and painful shoulder range of motion with right hand muscle atrophy and hyperesthesia. Norco was refilled at a total MED of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. Return to work is being considered. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Carisprodol 350mg #30:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for neck pain, right shoulder and hand pain, and right lower extremity numbness and tingling with radicular symptoms. Norco is referenced as decreasing pain from 9/10 to 5-6/10. When seen she was considering returning to restricted work. Physical examination findings included decreased and painful shoulder range of motion with right hand muscle atrophy and hyperesthesia. Soma was refilled and was being prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Therefore, the request is not medically necessary.