

<b>Case Number:</b>	CM15-0192343		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 37 year old male, who sustained an industrial injury on 3-17-09. The injured worker was diagnosed as having ankle fracture, grade II ankle sprain, neuropathic pain, and chronic regional pain syndrome. Treatment to date has included use of a cane, a nerve block injection with Lidocaine, use of a Unna boot, and medication including Lido pro cream. Physical examination findings on 8-13-15 included loss of the inguinal tarsal arch, lateral collateral ligamentous injury and peroneal tendonitis. There was no documentation in the medical records provided of the injured worker previously taking Soma or Norco. The injured worker's pain ratings were not included in the submitted documentation. On 8-26-15, the injured worker complained of ankle pain, right knee pain, hip pain, back pain, and neck pain. The treating physician requested authorization for Soma 35mg #60 and Norco 10-325mg #90. On 9-21-15, the requests were modified to certify Soma #30 and Norco #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Soma 35 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. In this case, the exam note from 8/13/15 does not demonstrate any muscle spasm, which would benefit from this medication. In addition, the guidelines do not recommend long-term use and it is unclear from the submitted documentation whether this is for continuing use. Therefore, the request is not medically necessary.

**90 tablets of Norco 10-325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based upon the records reviewed there is insufficient evidence to support the initiation or the chronic use of narcotics (it is unclear if this request is for initiation or continued use). There is lack of documentation supporting a failure of non-opioid analgesics, the notes do not demonstrate functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore, the request is not medically necessary.