

<b>Case Number:</b>	CM15-0195967		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/19/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 54 year old male, who sustained an industrial injury on 1-19-2004. The injured worker is undergoing treatment for ulnar nerve transposition, epicondylitis, elbow osteoarthritis, shoulder and wrist surgeries, shoulder, elbow and wrist pain and shoulder, elbow and wrist internal derangement. Medical records dated 9-14-2015 indicate the injured worker complains of bilateral shoulder, arm and wrist pain. He reports a house fire destroyed his forearm sleeves, wrist braces, elbow bands and cane. Exam dated 8-13-2015 indicates recent back pain flare up resulted in an emergency department visit. He reports he is unable to do his home exercise program (HEP) due to increased pain. Physical exam dated 9-14-2015 notes upper extremity spasms, tenderness to palpation of shoulders, elbows and wrists and decreased range of motion (ROM) of the lumbar area, shoulders, elbows and wrists. Treatment to date has included multiple surgeries, left knee partial synovectomy, physical therapy, Tizanidine, Percocet, OxyContin, Dilaudid, Elavil, Trazodone, Soma, Oxycodone, Valium, docusate sodium, forearm sleeves, wrist braces, elbow bands and cane The original utilization review dated 9-25-2015 indicates the request for purchase of one single point cane and Soma 350mg BID as needed is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of one single point cane: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case there is lack of functional deficits or a diagnosis of knee osteoarthritis noted in the exam note from 9/25/15 to warrant the purchase of a cane. There are no operative reports or imaging reports included in the submitted documentation which would support the guidelines for cane use. The request is not supported by the guidelines and therefore is not medically necessary.

**Soma 350mg bid prn: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. In this case, the exam note from does not demonstrate prior dosages and response to Soma. The worker has been taking Soma since at least 7/16/15 according to the toxicology report. The guidelines do not recommend long term use. In addition this medication is not recommended to be taken in combination with opioids. Therefore the request is not medically necessary.