

<b>Case Number:</b>	CM15-0020001		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 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 59-year-old male who reported an injury on 10/13/2011. The injured worker was working as a landscaper when his weed eater became caught, and he was thrown against a wall. The current diagnoses include enthesopathy of the hip region, loose body in a joint of the pelvis, pain in a joint of the pelvis, and traumatic arthropathy. The injured worker presented on 01/09/2015, for a follow-up evaluation. The injured worker reported right hip pain with decreased range of motion. There was no physical examination provided on the requesting date. It was noted that the injured worker was awaiting authorization for a hip surgery. The injured worker was given a refill of the current medication regimen of Norco 10/325 mg, Soma 350 mg, and Naprosyn 500 mg. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker has continuously utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. There is also no documentation of a written consent or agreement for chronic use of an opioid. There was no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for no longer than 2 to 3 weeks. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 07/2014. The guidelines do not recommend long term use of Soma. There was also no physical examination provided on the requesting date. Therefore, there is no evidence of spasticity or palpable muscle spasm. The medical necessity for the ongoing use of the above medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.