

<b>Case Number:</b>	CM15-0021916		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: California, Hawaii  
 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 year old female, who sustained an industrial injury on March 20, 2013. She has reported bilateral upper extremities injuries, including the right forearm, left elbow, bilateral hands, and fingers. The diagnoses have included complex regional pain syndrome, overuse myofascial pain and chronic tenosynovitis, and trigger fingers. Treatment to date has included trigger point injections, diagnostic studies, physical therapy, work modifications, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On November 11, 2014, the treating physician noted right elbow, forearm, and fingers all ache. Pain is rated 7/10 with medication, and 10/10 without medication. The physical exam revealed tenderness to palpation and extreme range of motion of the elbow and wrist and range of motion was minimally restricted. Flare-ups were diminished. On December 11, 2014, the treating physician noted right elbow, forearm, and fingers all ache. The pain was slightly improved with rest. Pain was still a 7/10. The physical exam revealed the fingers were still triggering. The treatment plan included pain and muscle relaxant medications. On February 5, 2015, the injured worker submitted an application for IMR for review of requests for 1 prescription for Norco 10/325mg Qty: 240 and 1 prescription for Soma 350mg Qty: 90. The Norco was non-certified based on the lack of documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant. There was a lack of objective evidence of functional benefit obtained from the opioid medication. The Soma was non-certified based on lack of documentation of muscle spasms upon examination, and the guidelines recommend the muscle relaxant for short-term treatment. The

injured worker should have been completely weaned from the Norco and Soma as previous "warned", but it is the provider's responsibility to use his/her own judgment and/or protocol based on the individual needs of the claimant, which may or may not include additional weaning through the provider. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain in the right elbow. The current request is for Norco 10/325 mg #240. The treating physician states, "Patient rates pain as 7/10 with prescription and 10/10 without prescription. AME did not recommend returning to work. Simple ADLs are flaring the pain." (53B) For chronic opiate use, the 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has documented that the patient has had a reduction in pain with this medication but documented that ADLs have not improved and cause the patient's pain to flare. The medical records provided did not documented if the patient was having any side effects or aberrant behaviors. The current request has not fulfilled the criteria for medical necessity as required by the treatment guidelines and the recommendation is for denial.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66.

**Decision rationale:** The patient presents with pain in the right elbow. The current request is for Soma 350 mg #90. The treating physician states, "Patient rates pain as 7/10 with prescription and 10/10 without prescription." (53B) The MTUS guidelines regarding Soma state, "Not recommended. This medication is not indicated for long-term use." In this case, the treating physician has documented that the patient has been taking this medication since at least October

2014. The MTUS guidelines do not recommend this medication for long term use. The current request is not medically necessary and the recommendation is for denial.