

<b>Case Number:</b>	CM15-0023179		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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  
Certification(s)/Specialty: Family Practice

### 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 43 year old female, who sustained an industrial injury on 5/24/2012. The mechanism of injury was not noted. The diagnoses have included disc bulge cervical spine. Treatment to date has included surgical (carpal tunnel release 4/22/2014 and arthroscopic repair of the labrum on the right shoulder) and conservative measures. Currently, the injured worker complained of pain affecting multiple body parts. The cervical spine had tenderness and spasm. Flexion was 40 degrees, extension 20 degrees, bilateral rotation 60 degrees, and bilateral lateral bending 20 degrees. Right shoulder flexion and abduction were 160 degrees and internal and external rotations were 60 degrees. Pain was reproduced with motion. The right hand had slightly decreased sensation in the index and middle finger. Diagnostic testing was not submitted. Medications included Motrin, Norco, and Soma per the PR2 report on 1/20/2014. On 1/08/2015, Utilization Review non-certified a prescription request for Motrin 800mg #90, non-certified a prescription request for Soma 350mg #60, and certified/modified a prescription request for Norco 10/325mg #60 (for one month to allow for weaning), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Furthermore, long term use of non-steroidal anti-inflammatory medications is not supported as long term use is associated with an increased gastrointestinal and cardiovascular side effects. The injured worker is now far into the chronic phase of injury and the continued use of Motrin is not supported. The request for Motrin 800 mg #90 is not medically necessary.

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The guidelines state that this medication is not indicated for long-term use, and the medical records indicate that Soma has been prescribed for an extended period of time. The MTUS guidelines note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The request for Soma 350 mg #60 is not medically necessary.