

<b>Case Number:</b>	CM15-0051521		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	04/01/2002
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54 year old, female, who sustained a work related injury on 4/1/02. The diagnosis has included pain in arms, bilateral carpal tunnel syndrome, bilateral DeQuervain's tenosynovitis and bilateral forearm tendinitis and neuritis. Treatments have included medications, topical cream, tennis elbow strap, and right wrist brace. In the PR-2 dated 1/23/15, the injured worker complains of right elbow pain. She rates pain a 2-7/10. She states her right wrist is doing better and has been wearing a brace for treatment. She states she is able to flex and extend wrist and that sensation is increasing throughout hand. The pain is made worse by activity. The right elbow is tender to palpation at the lateral epicondyle. The treatment plan is to continue with use of Norco and Soma. On 3/13/2015, Utilization Review non-certified Soma 350 mg #90 with 1 refill and modified Norco 10/325 mg #90 using MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** 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): 78-81.

**Decision rationale:** The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) records have included some documentation of the pain with and without medication, no significant adverse effects, and subjective functional improvement. The IW has had urine drug testing performed, which has had some inconsistencies, and there was no objective functional improvement demonstrated. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. In addition, the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. According to Utilization Review, the IW had been advised to begin opioid weaning previously, and was given adequate Norco to complete the process. Based on the available medical records, there is no clear documentation of improvement in function with Norco; therefore, Norco 10/325 mg #90 is not medically necessary.

**Soma 350 mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol (Soma)Muscle relaxants (for pain) Page(s): 29 and 65.

**Decision rationale:** Per the cited MTUS guidelines cited, carisoprodol (Soma) is not recommended for chronic pain. Although carisoprodol may be used as a muscle relaxer, it is only recommended for a maximum of 2 to 3 weeks, and is not recommended for long-term use. In this injured worker, she had been prescribed carisoprodol since at least 5/2/2014, and had previously been advised to discontinue, with an adequate taper. Based on the available information, Soma 350 mg # 90 with 1 refill is not medically necessary.