

Case Number:	CM15-0086447		
Date Assigned:	05/08/2015	Date of Injury:	05/12/2005
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 was a 62 year old female, who sustained an industrial injury, May 12, 2005. The injured worker previously received the following treatments Soma, Norco, ASO braces, Soma, Lidoderm Patches, kinesio tape to the ankles daily and 6 physical therapy sessions. The injured worker was diagnosed with capsulitis left shoulder joint, exterior tendinitis of the left foot, bilateral ankle injuries associated with peroneal tears, opioid tolerance and chronic pain syndrome. According to progress note of February 5, 2015, the injured workers chief complaint was bilateral ankle pain. The injured worker described the pain as burning on the top of the left foot. This was an ongoing problem with the sural nerve neuritis. The injured worker also had associated problems with bilateral planter fasciitis and an abductor hallucis brevis tendinitis on the right. The injured worker also wears bilateral ASO braces 2-3 times a week to assist with being on feet for an extended period of time. The physical exam noted weakness of the peroneus brevis on the surgically repaired right. The Tinel's sign was positive on the left sural nerve. There was mild discomfort along the medial slip of the fascia bilaterally and along the course of the abductor hallucis brevis on the right. There was discomfort at the first metatarsal first cuneiform articulation. The progress note of April 7, 2015, the injured worker's symptoms were largely chronic and unchanged. The injured worker had continued to describe the pain as localized to the bilateral lower extremities, left greater than the right. The treatment plan included prescription renewal for Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The 62 year old patient complains of localized pain in the bilateral lower extremities, especially the foot, left greater than right, as per progress report dated 04/07/15. The request is for SOMA 350 mg QHS # 30. There is no RFA for this case, and the patient's date of injury is 05/12/05. Diagnoses, as per progress report dated 04/07/15, included acute-on-chronic bilateral foot pain, chronic pain syndrome, and opioid tolerance. The patient is status post multiple orthopedic surgeries. Medications included Norco and Soma, as per the same progress report. The reports do not document the patient's work status. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is first noted in progress report dated 11/25/14. The treater does not discuss its purpose and efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS only recommends only short-term use of Soma for a 2 to 3 week period. Hence, the request IS NOT medically necessary.

Norco 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89,76-78.

Decision rationale: The 62 year old patient complains of localized pain in the bilateral lower extremities, especially the foot, left greater than right, as per progress report dated 04/07/15. The request is for NORCO 7.5/325 mg # 30. There is no RFA for this case, and the patient's date of injury is 05/12/05. Diagnoses, as per progress report dated 04/07/15, included acute-on-chronic bilateral foot pain, chronic pain syndrome, and opioid tolerance. The patient is status post multiple orthopedic surgeries. Medications included Norco and Soma, as per the same progress report. The reports do not document the patient's work status. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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, Norco is first mentioned in progress report dated 11/25/14. The treating physician, however, does not use a numerical scale or a validated instrument to document

reduction in pain nor does the treater provide specific examples that demonstrate an improvement in function. Although the patient's urine drug screen is consistent, as per progress report dated 11/25/14, no CURES report is available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.