

<b>Case Number:</b>	CM13-0003125		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/27/1999
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome of the right lower extremity reportedly associated with an industrial contusion injury of July 27, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and topical pain patches. In a Utilization Review Report of July 2, 2013, the claims administrator denied a request for Soma and Norco. In a letter dated July 22, 2013, the applicant appealed. An earlier progress note of July 18, 2013 is notable for comments that the applicant reports 0-4/10 pain with medications and 10/10 pain without medications. The applicant states that she is independent in terms of activities of daily living despite using a cane and/or walker to move about. The medications allowed the applicant to take care of her ailing husband, she states, and perform activities with less pain. She is still smoking half pack a day, it is stated. She has gouty arthropathy, dyslipidemia, arthritis, and insomnia. She is on Soma, Neurontin, Norco, and Lyrica. She is overweight with a BMI of 31. It is stated that her pain is reasonably controlled after a morphine pump. She is nevertheless given prescriptions for Norco, Soma, and Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioids. In this case, the applicant is apparently receiving opioids both via morphine pump and via oral means. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not certified

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and reduced pain effected as a result of opioid usage. In this case, the applicant is seemingly reporting reduction in pain scores from 10/10 to 4/10 through ongoing opioid usage. She also reports that she is able to care for her ailing husband partially as a result of the ongoing medication usage. While she does not appear to have returned to work, it does appear, on balance, that she meets two of the three criteria set forth in MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the original Utilization Review decision is overturned. The request is certified.