

<b>Case Number:</b>	CM13-0062723		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. The expert 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 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/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 shoulder pain reportedly associated with an industrial injury on March 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a TENS unit; muscle relaxants; extensive periods of time off of work; a total hip arthroplasty procedure; and the apparent imposition of permanent work restrictions in January 2009. The applicant does not appear to have returned to the workplace with permanent limitations in place. In a utilization review report of November 26, 2013, the claims administrator approved a request for Norco, partially certified a request for Soma for weaning purposes, denied a request for TENS unit supplies, and approved a request for a urine drug screen. The applicant's attorney subsequently appealed. A November 19, 2013 progress note is notable for comments that the applicant reports 2/10 pain with medications and 5-6/10 without medications. The applicant states that usage of a home TENS unit has ameliorated performance of activities of daily living and decreased pain scores. The applicant is using two (2) Norco tablets a day; three (3) Soma tablets a day, one (1) Mobic tablet a day, and over-the-counter Aleve. Each of the aforementioned medications are renewed, along with further TENS unit pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) REQUEST FOR TENS PADS:** 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 TENS Page(s): 116.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that ongoing usage of a TENS unit beyond one-month trial of the same should be based on evidence of successful "pain relief and function" effected as a result of the same. In this case, however, the attending provider has not clearly detailed or stated how ongoing usage of a TENS unit has benefited the applicant. The applicant remains off of work. The applicant has not made any improvement in terms of work status or work restrictions as a result of the usage of the TENS unit. The applicant remains highly reliant on multiple analgesic medications, including Norco, Soma, Mobic, and Aleve. All the above, taken together, imply that usage of the TENS unit has not been successful in improving function here. Therefore, the request is not certified, on Independent Medical Review.

**ONE (1) PRESCRIPTION OF SOMA 350MG #90:** 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:** The Chronic Pain Medical Treatment Guidelines indicate that Soma (carisoprodol) is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is using Norco, a short-acting opioid. Adding carisoprodol or Soma to the mix on a long-term, scheduled, thrice daily basis is not indicated, according to the guidelines. Therefore, the request is not certified.