

<b>Case Number:</b>	CM14-0164117		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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:

There were 88 pages provided for this review. The application for independent medical review was signed on August on October 6, 2014. It was for Demerol, soma, Depo-Medrol and a TENS unit for home use. The claimant was described as a 57-year-old female employed by the [REDACTED] health and safety unit. She was injured August 9, 2013. She was working with a coworker and a line got tangled in the bottom of the chair and she turned to walk away and fell to the floor. The injuries were multiple neck injury, both hands, both shoulders, left-hand fingers, lower back area and lower arm. There is constant lower back pain which she describes as tight sore and tender. There is numbness and tingling in both legs. There was a previous denial for an orthopedic consult. The patient complains of low back pain now for a year. There is no documentation of return to work or other functional improvement to support ongoing opiate usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Demerol 50mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**Soma 350mg QTY: 120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Soma/Carisoprodol

**Decision rationale:** The MTUS provided insufficient information. The ODG note in the Pain section: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request is not medically necessary.

**Depomedrol/Xylocaine injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroids

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to

neurovascular structures. Insufficient clarity in regards to the intent and purpose of the injections is given to weigh clinical necessity. The request is not medically necessary.

**TENS unit for home use:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. - Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) - Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) -Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is appropriately not medically necessary.