

<b>Case Number:</b>	CM15-0024969		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 60 year old male, who sustained an industrial injury on October 6, 2004. The injured worker was diagnosed as having sprain/strain of cervicothoracic spine and associated musculoligamentous structures, chronic sprain/strain of the lumbosacral spine and associated musculoligamentous structures, overuse syndrome of both shoulders, neurologic injury to both hands due to repetitive trauma including carpal tunnel and heat injury, degenerative joint disease both thumbs, right greater than left, depressive disorder, and anxiety disorder. Treatment to date has included esophagogastroduodenoscopy, MRI, and medications. Currently, the injured worker complains of being still sore, staying the same. The Treating Physician's report dated April 2, 2014, noted no functional change or change in physical examination since the previous visit. A MRI 24, 2006, was noted to show mild to minimal disc bulges in the cervical region, multilevel C3-C4, C4-C5, C5-C6, and C6-C7. The Physician requested authorization for a second opinion concerning pain medication, Klonopin, Norco, Soma, Motrin, Prozac, ongoing orthopedic treatment including hand treatment, and future supportive psychiatric treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Motrin 600 MG Tab Frequency Unspecified Qty 60 with 4 Refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** MTUS Guidelines support the careful use of NSAIDs for inflammatory conditions. Besides chronic spinal pain this individual has diagnoses associated with chronic inflammation i.e. hands and shoulders. Under these circumstances, MTUS Guidelines support the use of NSAID medication. The Motrin 600mg QTY 60 with 4 refills is medically necessary.

**Soma 350 MG Tab Frequency Unspecified Qty 90 with 3 Refills: Upheld**

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

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

**Decision rationale:** MTUS Guidelines are very specific in stating that Carisoprodol (Soma) is not recommended. Due to the highly sedating and addictive nature of the drug and metabolites, Soma is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Soma is not medically necessary.

**Clonazepam 2 MG Frequency Unspecified with 4 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Guidelines do not support the long term (beyond 4 weeks) use of Benzodiazepines. This includes use for anxiety, depression, sleep or as a muscle relaxant. There are alternative medications available for these indications. There are no unusual circumstances to justify an exception to Guidelines. The Clonazepam 2 mg with 4 refills is not supported by Guidelines and is not medically necessary.