

<b>Case Number:</b>	CM15-0066179		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, low back, hand, wrist, shoulder, and knee pain reportedly associated with an industrial injury of December 7, 2005. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve requests for a TENS unit purchase and Soma. The claims administrator referenced a RFA form of February 6, 2015 in its determination. The applicant's attorney subsequently appealed. On February 13, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, knee, ankle, and foot pain. The applicant was off of work and had been deemed "disabled," it was acknowledged. Activities of daily living as basic as sitting, standing, and walking remained problematic. The applicant was on Norco, Soma, Motrin, and Ativan, it was acknowledged, several of which were refilled. Physical therapy and a TENS unit were endorsed. It was stated that the applicant had previously received a TENS unit but that her earlier device had broken. A replacement TENS unit and a cervical traction device were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #120:** Upheld

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

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

**Decision rationale:** No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. 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 employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix was not recommended. Therefore, the request was not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for a TENS unit [purchase] was likewise not medically necessary, medically appropriate, or indicated here. The request in question represents a request for replacement TENS unit. The applicant had previously received a TENS unit which had broken, the treating provider reported on February 13, 2015. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant was off work as of February 13, 2015. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits. The applicant remained dependent on opioid agents such as Norco and non-opioid agents such as Soma and Ativan. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit. Therefore, the request was not medically necessary.