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| <b>Case Number:</b>   | CM13-0011138 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 10/07/2004 |
| <b>Decision Date:</b> | 04/22/2014   | <b>UR Denial Date:</b>       | 07/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/16/2013 |

### 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:

According to the records made available for review, the patient is a 54 year-old female with a date of injury of 10/7/04. At the time (7/17/13) of the Decision for Hydrocodone BIT/APAP 10/325MG, #120; Oxycontin 80MG, #90; Soma 350MG, #90; and Valium 10MG, #30, there is documentation of subjective (right knee and low back pain with worsening of the right shoulder pain), and objective (tenderness to palpation over the anterior right shoulder, decreased and guarded right shoulder range of motion, positive impingement sign, and antalgic gait) findings with current diagnoses (chronic pain, psychogenic pain, pain of the lower leg, and major depression), and treatment to date medications including ongoing treatment with Hydrocodone BIT/APAP and Oxycontin; as well as Soma and Valium since at least August of 2012. Regarding Hydrocodone BIT/APAP 10/325MG, #120 and Oxycontin 80MG, #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone BIT/APAP use to date. Regarding Soma 350MG, #90, there is no documentation of acute muscle spasms; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Regarding Valium 10MG, #30, there is no documentation of the intention to treat over a short course; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HYDROCODONE BIT/APAP 10/325MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-80.

**Decision rationale:** Within the medical information available for review, there is documentation of diagnoses of chronic pain, psychogenic pain, pain of the lower leg, and major depression. In addition, there is documentation of ongoing treatment with Hydrocodone BIT/APAP. However, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone BIT/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone BIT/APAP 10/325MG, #120 is not medically necessary.

### **OXYCONTIN 80MG,#90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-80.

**Decision rationale:** Within the medical information available for review, there is documentation of diagnoses of chronic pain, psychogenic pain, pain of the lower leg, and major depression. In addition, there is documentation of ongoing treatment with Oxycontin. However, there is no documentation of that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 80MG, #90 is not medically necessary.

### **SOMA 350MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN)..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 29. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MUSCLE RELAXANTS (FOR PAIN).

**Decision rationale:** Within the medical information available for review, there is documentation of diagnoses of chronic pain, psychogenic pain, pain of the lower leg, and major depression. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least August of 2012, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350MG, #90 is not medically necessary.

**VALIUM 10MG, #30:** Upheld

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

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

**Decision rationale:** Within the medical information available for review, there is documentation of diagnoses of chronic pain, psychogenic pain, pain of the lower leg, and major depression. In addition, there is documentation of ongoing treatment with Valium. However, given documentation of records reflecting prescriptions for Valium since at least August of 2012, there is no documentation of the intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium 10MG, #30 is not medically necessary.