

<b>Case Number:</b>	CM13-0024861		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	02/28/1992
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 50 year old male who had a work injury dated 2/28/92. The diagnoses include intractable lumbar backache, predominant right lower extremity, recurrent radiculopathic pain and dependence on opioids. There are requests for a prescription of Percocet, Soma, and Celebrex for lumbar pain (all with unspecified duration/dosage/frequency). There is a 2/5/14 primary treating physician report which states that over the course of the last 30 days his pain has been on average 6-8/10. The patient reports that his current pain level is 7/10 and states that his pain is increased with increased activity. His pain is in the low back that radiates down his right lower extremity to the top of his right foot. He describes pain to be a constant dull aching. Patient reports that the current programs for his spinal cord stimulator have been effective in managing his pain. He continues to utilize Percocet and Soma on an as needed basis. He denies any adverse reaction and no euphoria/dysphoria. Patient has a documented history of compliance with medication start dates and remains within the strict adherence to prescribed therapeutic plan of care. Patient has remained consistent with consistent regular drug screens and shows no signs of diversion or abuse. On physical exam the gait is independent and non antalgic. There is no pelvic obliquity. The muscle strength testing in the legs revealed some decreased strength and sensation in the right leg as compared to the left. There is no atrophy or the thenar or hypothenar muscles. There is a positive Tinel's sign on the left leg and negative on the right. The straight leg raise test is positive on the right at 45 degrees. The IPG site is well healed without evidence of seroma. There is a 2/12/14 medical legal report which states that that patient is status post spinal cord stimulator implant which had provided him with excellent relief of his pain and that he had decreased his medications by 80%. His current medications included Percocet approximately 1 per day PRN as well as Celebrex and Soma.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRESCRIPTION OF PERCOCET (UNSPECIFIED DURATION/DOSAGE/FREQUENCY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79-80.

**Decision rationale:** A prescription of Percocet (unspecified duration/dosage/frequency) is not medically necessary per the MTUS guidelines. The guidelines state that opioids should be continued when the patient has improved functioning and pain. The documentation submitted reveals that the patient continues to have significant pain levels despite being on opioids since October 2010. Although the documentation submitted reveals that he is compliant without aberrant behavior on his opioids and has decreased the amount he takes, his pain levels continue to remain unchanged and there is no documentation of significant functional improvement. Additionally, the request does not specify quantity, frequency, or duration of Percocet therefore the request for Percocet is not medically necessary.

### **PRESCRIPTION OF SOMA (UNSPECIFIED DURATION/DOSAGE/FREQUENCY): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Section, Page(s): 63,65.

**Decision rationale:** Soma (unspecified duration/dosage/frequency) is not medically necessary per MTUS guidelines. The MTUS does not recommend this medication for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not indicate an acute exacerbation of low back pain. The patient has been on this medication since at least October 2010. There is no specific quantity, frequency or duration requested of this medication. The request for Soma is not medically necessary.

### **PRESCRIPTION OF CELEBREX FOR LUMBAR PAIN (UNSPECIFIED DURATION/DOSAGE/FREQUENCY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Section, Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Section, Page(s): 30.

**Decision rationale:** Celebrex for lumbar pain (unspecified duration/dosage/frequency) per guidelines anti-inflammatories are recommended as an option for short-term symptomatic relief of chronic low back pain. Documentation indicates that the patient has been on this long term since April 2010 without significant functional improvement or significant decrease in pain. Additionally, the duration, frequency and quantity of Celebrex requested is not known. Therefore, Celebrex for lumbar pain is not medically necessary