

<b>Case Number:</b>	CM13-0025368		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	12/09/2002
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 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:

The injured worker is a 61-year-old female who reported an injury on 12/09/2002. The mechanism of injury was not provided. On 10/21/2013, the injured worker presented with neck pain radiating from the neck to the bilateral arms and back pain radiating from the low back down the bilateral legs. Upon examination the cervical spine range of motion was restricted with flexion, limited to 25 degrees and extension limited to 30 degrees with pain. There was spasm and tenderness noted over the paravertebral muscles with hypertonicity and a tight muscle band with trigger points and a twitch response was obtained along with radiating pain upon palpation. There was tenderness noted to the paracervical muscles and trapezius and a positive Spurling's. The examination of the lumbar spine revealed restricted motion with flexion limited to 65 degrees and extension limited to 15 degrees with pain. There was tenderness to palpation over the paravertebral muscles with spasm and tightness noted bilaterally. The diagnoses were cervical pain, post lumbar laminectomy syndrome, paraspinal/lumbar, shoulder pain, post concussion syndrome and headache with facial pain. The current medications included; Prilosec, Soma, Percocet and OxyContin. The provider recommended Percocet and Soma. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325 MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter: Criteria for Use Page(s): 78.

**Decision rationale:** The request for Percocet 10/325 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, improvements with medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of aberrant drug abuse, behavior and side effects. The injured worker has been prescribed Percocet since at least October 2013. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

**Soma 350 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

**Decision rationale:** The request for Soma 350 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines does not recommend Soma. The medication is not indicated for long term use. The injured worker has been prescribed Soma since at least October 2013, the efficacy of the medication was not provided. There is lack of exceptional factors provided in the documentation submitted to support approving outside guideline recommendations. Additionally, the provider's request does not indicate the frequency of the requested medication in the request as submitted. As such, the request is not medically necessary.