

<b>Case Number:</b>	CM13-0031196		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 41 year-old with a date of injury of 03/14/03. A progress report associated with the request for services, dated 09/19/13, identified subjective complaints of low back pain radiating into the lower extremities. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. There was also decreased sensation and motor function in both lower extremities. Diagnoses included lumbar disc disease and post-laminectomy syndrome. Treatment has included a lumbar laminectomy, a spinal cord stimulator, as well as oral and topical analgesics. A Utilization Review determination was rendered on 09/26/13 recommending non-certification of "1 prescription of Soma 350mg #120; 1 prescription of MS Contin 30mg #120; and 1 multidisciplinary evaluation for functional restoration program".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of soma 350mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29; 63-66.

**Decision rationale:** Soma (carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Chronic Pain Medical Treatment Guidelines states that carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated with withdrawal symptoms and is abused for the above mentioned effects. There is no documented medical necessity for Soma. Given the above the request is not medically necessary.

**(1) Prescription of MS contin 30mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids; Oral Morphine Page(s): 74-82; 96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

**Decision rationale:** MS Contin is a sustained-release oral formulation of morphine. The Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear ( 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Guidelines further state that opiate therapy is not recommended beyond two weeks and oral morphine is not recommended as primary treatment for persistent pain. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with MS Contin has been ongoing and in excess of 16 weeks and long-term therapy is not recommended. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for MS Contin. Given the above the request is not medically necessary.