

<b>Case Number:</b>	CM13-0033883		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Washington, District Columbia and 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 physician 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.

### 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 44 year old male sustained an injury on 8/25/99. The mechanism of injury occurred when the patient was struck by a trailer. The patient's diagnoses were right L4 radiculopathy secondary to lumbar disc displacement at L4-5 causing some foraminal stenosis and opioid dependence. A review of the records indicated that past treatments rendered included medications, physical therapy, lumbar epidural steroid injection (ESI) and the patient was status-post right knee arthroscopy on 12/23/99. The patient's claim was settled on 11/15/06 with a 37% permanent disability. Future medical care recommendations were made for orthopedic re-evaluations, oral medications, pain management, and brief courses of physical therapy. The patient was currently on medication management and underwent urine toxicology. A urine drug screen dated 5/9/13 and 8/22/13 detected Tapentadol and Meprobamate. The PR-2 report dated 7/25/13 indicated that the patient had left shoulder and low back pain that radiated to the right leg. The patient had 8/10 pain with medications and 10/10 pain without medications. The plan was to continue Nucynta and Soma and a single point cane was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Nucynta IR 100 mg 1 tablet every 4 hours as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management Page(s): s 75, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states, "The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) (g) Continuing review of overall situation with regard to non opioid means of pain control." This patient has chronic back pain and is on medication management with opiates. It is unclear that the patient's pain cannot be controlled with non-opiate analgesics. There is no documentation supporting substantial pain relief, objective measures of functional improvement or measurable gains with opiate treatment. Chronic opiate therapy in the absence of functional improvement or measurable/sustained objective gains is not recommended.

**Soma 350 mg 1 tablet four times a day as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Carisoprodol (Soma) Opioids Page(s): s 29; 75, 78.

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

**Decision rationale:** The request for this medication does not meet guidelines criteria and is not medically necessary.