

<b>Case Number:</b>	CM13-0044396		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 38-year-old female who reported an injury on 04/16/2010. The mechanism of injury was a twisting injury. The injured worker's medication history included Soma 350 mg by mouth twice a day as needed, Percocet 10/325 mg by mouth every four to six (4 to 6) hours as needed, and ibuprofen 800 mg by mouth three (3) times a day as needed as of 01/2013. The documentation of 09/30/2013 revealed that the injured worker had been trying to wean down her Percocet 10/325 mg to no more than four (4) tablets per day and tolerating a reduction of Soma. The injured worker indicated that she had an increased activity level and decreased pain level. The diagnoses included cervical discogenic pain, left upper limb radicular pain, carpal tunnel syndrome, lumbar discogenic pain, and bilateral lower extremities radicular pain. The treatment plan included a follow-up in one (1) month, continue home exercise program, and continue with medications including Percocet 10/325 mg, ibuprofen 800 mg, and Soma 350 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG 1 TAB PO Q4-6HRS #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MEDICATIONS FOR CHRONIC PAIN AND OPIOIDS CRITERIA FOR USE Page(s): 60,78.

**Decision rationale:** The Chronic Pain Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain, objective improvement in function, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than eight (8) months. There was lack of documentation of the above. It was indicated the injured worker had increased activity and a decreased pain level with no change. Given the above, the request for Percocet 10/325 mg one (1) tablet by mouth every 4 to 6 hours #150 is not medically necessary.

**SOMA 350MG 1 TAB PO BID #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** The Chronic Pain Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than three (3) weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than eight (8) months. Given the above and the lack of documentation of exceptional factors to warrant continuance of the medication, the request for Soma 350 mg one (1) tablet by mouth twice a day #45 is not medically necessary.