

<b>Case Number:</b>	CM13-0047553		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/01/2002
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Osteopathic Family Practice, has subspecialties in Occupational Medicine, Pain Medicine, and Manipulation, 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 patient is a 44 year old female who sustained an industrial injury on 1/1/02. She is diagnosed with shoulder and upper arm sprain, wrist sprain, neck sprain, thoracic sprain. On 6/12/14, the patient presented for an office follow-up for chronic, severe neck and low backpain. She is noted to have cervical and lumbar degenerative disc disease with radiculopathy. Pain is rated 10/10 without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG 1 BY MOUTH TWICE A DAY AS NEEDED FOR SPASM, #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma).

**Decision rationale:** The AGS updated Beers criteria for inappropriate medication use includes Carisoprodol (Soma). In regular abusers, the main concern is the accumulation of meprobamate.

Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"). In addition, as noted by the Official Disability Guidelines, there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. The guidelines clearly note that Soma is not recommended, and as such the request for Soma is not medically necessary.

**TRAMADOL HCL 50MG 1 BY MOUTH FOUR TIMES A DAY AS NEEDD FOR PAIN #60 WITH 2 REFILLS: Overturned**

**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 Page(s): 74-96.

**Decision rationale:** In this case, the patient is followed for chronic neuropathic pain. Per references, central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Furthermore, it should be noted that Tramadol is a synthetic opioid which is significantly safer than hydrocodone. For these reasons, the request for Tramadol is supported and is medically necessary.

**HYDROCODONE-ACETAMINOPHINE 10/325 MG # 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids leads to dependence and hyperalgesia. Furthermore, there is no indication that the prolonged use of opioids such as hydrocodone has resulted in objective functional improvement. The request for Hydrocodone/APAP is not medically necessary.

**OXYCODONE HCL 15 MG # 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Chronic use of opioids leads to dependence and hyperalgesia. Furthermore, there is no indication that the prolonged use of opioids such as oxycodone has resulted in objective functional improvement. The request for Oxycodone is not medically necessary.