

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0055164 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 04/15/2009 |
| <b>Decision Date:</b> | 03/13/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2013 |

### 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 Internal Medicine and is licensed to practice in New York. 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. 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 claimant is a 53 y.o. male who sustained a work injury on 04/15/2009 from lifting a heavy object. His diagnosis is chronic low back s/p lumbar posterior interbody fusion. He has continued low back pain. On exam he has an antalgic gait and decreased lumbar range of motion of the lumbar spine with diminished muscle tone of the lower extremities. He is maintained on medical therapy including opiates, has received physical therapy, injection therapy and uses a TENS unit. The treating provider has requested Oxycodone 10mg, Soma 350mg, Advil 200mg and Docusate sodium 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Oxycodone 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92; 123.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with Oxycodone for pain relief. Per California MTUS Guidelines, short-acting opioids, such as Oxycodone, are seen as an effective method in controlling chronic pain. They are often used for intermittent or

breakthrough pain. The treatment of chronic pain with these agents requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medications pain relief effectiveness and no clear documentation that he has responded to opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 27.

**Decision rationale:** Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolites Meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. There is no documentation of muscle spasm. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Advil 200mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**Decision rationale:** The requested medication, Advil 200mg is not medically necessary for the treatment of the claimant's pain condition. Advil is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has chronic low back pain and presently takes Aleve. There is no indication for two nonsteroidal anti-inflammatory medications. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Docusate Sodium 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 10/14/13), Opioid-induced constipation treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Treatment of Constipation

**Decision rationale:** Stool softeners are indicated for the treatment of constipation associated with opioid analgesic use. Per the medical documentation the claimant has no symptoms of constipation and continued use of the opioid analgesic, Oxycodone has been denied. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.