

<b>Case Number:</b>	CM13-0072576		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/29/2000
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 48 year old female who reported an injury in 03/2000. The mechanism of injury was not provided. The clinical note dated 01/07/2014 reported the injured worker complained of continuous back pain with numbness and weakness in her lower extremities. She reportedly stated she spends most of her time in bed and occasionally walks 100 feet. The injured worker's medication regimen included Methadone, Diazepam, Soma, and Oxycodone. The physical examination reported the injured worker had multiple surgical scars and tenderness diffusely in her lumbosacral spine with positive straight leg raise. There was some weakness in the bilateral quadriceps and hyper reflexive on the left and right. The diagnosis included chronic pain syndrome. The treatment included medication refills. The request for authorization was submitted on 12/16/2014. A clear rationale for the request was not provided.

### 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 MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-65.

**Decision rationale:** The request for 1 prescription of Soma 350mg #120 is not medically necessary. The injured worker has a history of chronic low back pain and multiple surgeries. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Further, the guidelines do not recommend Soma longer than a 2 to 3 week period. The guidelines also state in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the documentation provided the injured worker has been taking Soma since approximately 2003 with no documentation provided to show efforts to decrease and discontinue the use of this medication. Therefore, the request for 1 prescription of Soma 350mg #120 is not medically necessary.

**1 PRESCRIPTION OF DIAZEPAM 5MG #270: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The request for 1 prescription of Diazepam is not medically necessary. The injured worker has a history of chronic low back pain and multiple surgeries. The California MTUS Guidelines states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also state this medication should be limited to 4 weeks of use. Based on the documentation provided the injured worker has been taking Diazepam since approximately 07/2009 which has far exceeded the length of time this medication is recommended. In addition, the request for this medication was #120 on 11/12/2013 and then increased to #270 on 11/20/2013 and 12/16/2013 with no provided documentation including a rationale to support the requested increase of this medication. Therefore, the request for 1 prescription of Diazepam is not medically necessary.

**1 PRESCRIPTION OF OXYCODONE 15MG #270: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Ongoing Management..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

**Decision rationale:** The request for Oxycodone 15mg #270 is not medically necessary. The injured worker has a history of chronic low back pain and multiple surgeries. The California MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks) but also appears limited. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a 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; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the information provided for review, there is no documentation showing evidence of decrease in pain over the course of treatment. The clinical notes show the injured worker has been taking Oxycodone since approximately 07/2009 and there is a lack of documentation, over the course of treatment, indicating the injured worker had significant quantifiable objective functional improvement as well as decreased pain with the medication. The requesting physician did not include an adequate and complete assessment of the injured worker's pain. Therefore, the request for Oxycodone 15mg #270 is not medically necessary.