

<b>Case Number:</b>	CM14-0014378		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine, 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:

This is a 62-year-old female with a date of injury of 1/18/2006. The exact mechanism of injury has not been described. A follow-up visit dated 12/13/2013 states the patient complains of neck and shoulder pain. The patient reported some improvement by taking the prescribed medications. The objective findings on examination included cervical spine with no tenderness to palpation, trigger points palpated in the thoracic paraspinals, lumbar paraspinals, lumbar region, and lumbosacral region bilaterally. There was tenderness to palpation to the left knee, documented range of motion to the shoulders and left knee, strength measured as 4/5 and 5/5. The diagnostic impression included chronic pain syndrome, cervical radiculopathy, morbid obesity, lumbar spine neuritis and radiculitis. There is no indication that the patient is being titrated down from the levels of prescribed opioids. The patient has been on high dose opioids for a prolonged period of time. Oxycodone is being prescribed for pain as a short acting opioid analgesic for the treatment of chronic neck and shoulder pain. There is no objective evidence provided to support the continued prescription of opioid analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE HCL 30 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation of functional improvement or continued analgesia from the patient's current medication regimen. the request for oxycodone HCL 30mg #90 was not medically necessary.

**SOMA 350 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 66, 47, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. This patient is noted to be on Oxycodone as well, which would increase the risk of sedation and adverse side effects. The request for Soma 350 mg #90 was not medically necessary.