

<b>Case Number:</b>	CM14-0115575		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/04/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported injury on 09/04/2006. The mechanism of injury was the injured worker was hit from behind by a car and was thrown to the other side of the road and struck by an 18-wheeler again. The prior treatments included medications, work and activity modifications, TENS unit, psychiatric and psychological visits. The diagnostic studies and surgical history were not provided. The injured worker's medication history included Percocet 10/325 mg 1 to 2 every 4 to 6 hours as needed for pain, Soma 350 mg tablets one 3 times a day, OxyContin 40 mg one 3 times a day, and OxyContin 20 mg SR 12 hours one 3 times a day as of 01/2014. The documentation of 06/09/2014 revealed the injured worker had complaints of low back pain and bilateral lower extremity pain. The injured worker indicated that with medications, the pain was a 7/10. The injured worker reported no new problems or side effects. The quality of sleep was poor. The injured worker indicated he was taking the medications as prescribed and that medications were working well. The current medications were noted to be Phenergan 25 mg one 3 times a day, OxyContin 20 mg SR one tablet 3 times a day, OxyContin 40 mg SA 1 by mouth 3 times a day, Neurontin 300 mg one 3 times a day, Norco 10/325 mg 1 every 4 to 6 hours as needed for pain, Percocet 10/325 mg 1 tablet twice a day for severe pain, Soma 350 mg one twice a day, Valium 5 mg, Bupropion hydrochloride XL 150 mg tablets, Lamotrigine ER 200 mg tablets, Lexapro 10 mg tablets, and Seroquel 400 mg tablets. The documentation indicated the injured worker showed no sign of intoxication or withdrawal. The injured worker had a global antalgic gait with a wide base. The physical examination revealed the range of motion of the lumbar spine was restricted and on palpation the injured worker had tenderness in the paravertebral muscles and spasms. The diagnoses included low back pain, spasm muscle, lumbar radiculopathy, and spinal thoracic and lumbar DDD as well as compression fracture vertebral. The treatment plan included a continuation of OxyContin

20 mg and 40 mg tablets for long acting pain control, Norco for breakthrough pain, Percocet for severe breakthrough pain control, Soma for muscle spasms, and Phenergan for nausea secondary to pain regimen. There was a detailed DWC form RFA submitted for the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10-325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management,opioid dosing Page(s): 60,78,86.

**Decision rationale:** The California MTUS Guidelines recommend opioids for treatment of chronic pain. There should be documentation of objective improvement in function, objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. Cumulative dosing of all opioids should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation indicating the injured worker had an objective improvement in function and an objective decrease in pain. There was documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids would equal 330 mg if taken as prescribed. This far exceeds the 120 mg of oral morphine equivalents per day that are allowed per the guideline recommendations. Ther request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 #60 is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the treatment of acute low back pain. The use is recommended for no more than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation of objective functional benefit that was received from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #60 is not medically necessary.

**Phenergen 25mg #56:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics.

**Decision rationale:** The Official Disability Guidelines do not recommend the use of antiemetics for the treatment of side effects from chronic pain medications. The duration of use could not be established through supplied documentation, however, the medication was noted to be a current medication. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documented efficacy for the requested medication. Given the above, the request for Phenergan 25 mg #56 is not medically necessary.