

<b>Case Number:</b>	CM14-0120526		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Emergency 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:

Patient has a reported date of injury on 11/12/2002. Mechanism of injury is described as trip and fall. Patient has a diagnosis of depression, insomnia, panic attacks, chronic pain syndrome, low back pain, fibromyalgia and lower leg pains. Patient has a history of bilateral knee surgeries in 2013, bilateral carpal tunnel release, low back surgery and R foot surgery. Also has reported spinal cord stimulator. Details and dates of these surgeries were not noted in the reports. Medical records reviewed. The requesting report is from a progress note dated 6/26/14. There is also a note on 7/23/14 that notes a refill of those medications. Many of the other reports are related to psychiatric assessment. Patient complains of left knee pain mostly to lateral aspect. Also complains of L lower back, L patella and neck pains. Notes "stomach upset" with Soma use. Pain is 8/10. Pain medications are not providing any relief and oxycodone is only providing minimal pain relief. Pain is "stable" on current regiment of pain medication. No noted adverse effects or abuse. Objective exam reveals anterior tenderness, stiffness and limp with ambulation to L knee; tenderness to lumbar spine, "no change", decreased sensation to L5 and S1 dermatomes. No imaging or electrodiagnostic testing reports were provided for review. Patient appears to be undergoing physical therapy. Patient appears to have decided to stop seeing rheumatologist and psychiatrist on her own. Medication list include Zolpidem, Oxycodone, Dexilant, Alprazolam, Percocet, Soma, Bactrim, Lexapro and Naproxen. A note mentions a trial of Tramadol was to be attempted but it is not known if it was approved by UR. Urine Drug Screen (7/23/14) was positive for Soma, Oxycodone/Noroxycodone/Oxymorphone, Zolpidem/Carboxyzolpidem and Acetaminophen. Independent Medical Review is for Percocet 10/325mg, Soma 350mg and Oxycodone 30mg. There is no noted documentation of number of tablets requested despite review of the original requesting documents and reports. Prior UR on 7/17/2014 recommends non-certification due to no quantity provided in requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg (qty unkown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 76-78 Page(s): 76-78.

**Decision rationale:** Percocet is acetaminophen and oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation in documentation of analgesia and activity of daily living. There is no objective documentation of improvement in pain or activity of daily living on percocet, in fact patient reports no improvement in pain. The request is also incomplete with no total quantity of medication found anywhere in documentation. Percocet is not medically necessary.

**Soma 350 mg (qty unkown): Upheld**

**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 Carisoprodol(Soma), page(s) 29 Page(s): 29.

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no documented muscle spasms or actual objective improvement on this medication. In fact documentations state that patient has "stomach upset" and that the pain regiment does not help with her reported pain or any objective function.Use of Carisoprodol, a potentially addictive and not-recommended medication, is not medically necessary.

**Oxycodone 30 mg (qty unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 76-78 Page(s): 76-78.

**Decision rationale:** Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation in documentation of analgesia and activity of daily living. There is no objective documentation of improvement in pain or activity of daily living on Oxycodone. Documentation mentions that it only helps pain for 1hour. Patient is also already on Percocets which already contain oxycodone. MTUS Chronic pain guidelines also do not recommend a patient take more than 120mg of Morphine Equivalent Dose per day which patient exceeds. The request is also incomplete with no total quantity of medication found anywhere in documentation. Oxycodone is not medically necessary.