

<b>Case Number:</b>	CM14-0142612		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 46 year old female with a date of injury on 5/1/2010. Subjective complaints are of neck pain and headaches. Physical exam shows decreased cervical range of motion, positive Spurling's on the right, and tender cervical paraspinal muscles. Pain is rated at 10/10 without medications, and 3/10 with medications. Prior treatment has included Botox, epidural steroid injections, physical therapy, and TENS. Medications include Butrans 20 mcg/hr, Diclofenac, Amitiza, Savella, Topamax, Lexapro, Ritalin, Wellbutrin, and Oxycodone 15 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 15mg:** Overturned

**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 OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation

shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Soma 350mg:** 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 CARISPRODOL Page(s): 29.

**Decision rationale:** CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. 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. This patient has used Carisoprodol chronically, which is not consistent with current guidelines. For these reasons, the use of Carisoprodol is not medically necessary.

**Hydrocodone-Acetaminophen:** Overturned

**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 OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.