

<b>Case Number:</b>	CM14-0171298		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 55-year-old female who reported an injury on 10/07/2004. The mechanism of injury was not provided. On 09/16/2014, the injured worker presented with chronic knee and shoulder pain. Upon examination, the injured worker presented with an antalgic gait, and ambulated into the room without any assistance. The rest of the examination was unremarkable. Current medications included OxyContin, Lidoderm patch, Soma, docusate sodium, lovastatin, Aggrenox, glipizide, Janumet, benazepril, and Prilosec. Diagnoses were pain in the joint of the lower leg and disorders of the sacrum. The provider recommended OxyContin and Soma. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Oxycontin 80mg #90 is not medically necessary. The California MTUS Guidelines recommend opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

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

**Decision rationale:** The request for Soma 350mg #90 is not medically necessary. The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. 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. As the guidelines do not recommend Soma, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. Therefore this request is not medically necessary.