

<b>Case Number:</b>	CM14-0030802		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female who reported an injury 03/20/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 07/23/2014 indicated the diagnoses of displacement of lumbar intervertebral disc without myelopathy, sciatica, and depressive disorder. The injured worker was status post multiple lumbar epidural steroid injections at the L4-5 level without any pain relief. The injured worker reported no improved overall function or reduced reliance of pain medication and no improved quality of sleep. The injured worker rated her pain 8/10, described as burning. The injured worker reported her pain radiated to her lower extremities, and was exacerbated by standing, sitting and walking. The injured worker reported pain was improved with rest and medications. On physical examination the injured worker ambulated with an assistive device. The examination of the lumbar spine revealed range of motion was limited. The injured worker had tenderness to palpation over the bilateral lumbar paraspinal muscles, consistent with spasms. The injured worker's sciatic notch had tenderness. There was a positive lumbar facet loading maneuver and positive straight leg raise test bilaterally in the seated and supine position. The injured worker had sacroiliac joint tenderness bilaterally. The injured worker's motor strength test was 4 and symmetric throughout the bilateral upper and lower extremities with the exception of the right ankle dorsiflexion and right great toe extension, which were 4. The injured worker's deep tendon reflexes were symmetric at 2+ in the bilateral upper extremities and 2+ in the bilateral lower extremities. The injured worker's prior treatments included diagnostic imaging, the lumbar epidural steroid injections, and medication management. The injured worker's medication regimen included Norco, Paxil, Motrin, and Soma. The injured worker's treatment plan included follow-up, medication refills. The provider submitted a request for OxyContin and Soma. A

request for authorization was not submitted for review to include the date the treatment was requested.

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

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

**Oxycontin 40mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The provider did not indicate a rationale for the request. In addition, it is not indicated if this is a new prescription, or if the injured worker has been utilizing this medication. Moreover, the provider did not indicate a frequency for this medication. Therefore, the request for OxyContin is not medically necessary.

**Soma 350mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

**Decision rationale:** The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker rated her pain at 8/10. There is no indication that the use of Soma has resulted in diminished pain levels or functional improvement. Moreover, the request did not indicate a frequency for this medication. Therefore, the request of Soma is not medically necessary.

**Soma 350mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

**Decision rationale:** The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker rated her pain at 8/10. There is no indication that the use of Soma has resulted in diminished pain levels or functional improvement. Moreover, the request did not indicate a frequency for this medication. Therefore, the request of Soma is not medically necessary.