

<b>Case Number:</b>	CM14-0037630		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Occupational 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:

This is a 50 year old female who has reported multifocal pain after falling on 10/14/2008. The primary painful areas now are the low back and hip. Diagnoses have included lumbar degenerative disc disease, hip osteoarthritis, and radiculitis. Treatment has been conservative, and has included long term opioids and muscle relaxants. Per the available medical records, Roxicodone and Soma have been prescribed for at least the last 6 months. There is no specific documentation of how the medications are utilized on a day to day basis. There is no specific documentation regarding functional improvements or current level of function. None of the treating physician reports address specific work functions. No drug screen results are included and no reports address a random drug screen program. The available treating physician reports are from the both the primary treating physician and the pain management physician. On 2/26/14 the treating physician noted ongoing use of Soma and Roxicodone, and referred to unspecified pain relief and functional improvement. Work status was deferred to the primary treating physician. The medications were refilled. There was no discussion of the specific results of using these medications. A urine drug screen was performed, and the results were not discussed. On 3/21/14, Utilization Review gave a partial certification for Roxicodone and Soma, noting that prescribing was not in accordance with the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Carisoprodol (Soma) Page(s): 629, 3.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbation of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for at least 6 months on a continuous basis. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Soma is categorically not recommended for chronic pain per the MTUS. Note its habituating and abuse potential. Per the MTUS, Soma is not indicated for long term use and is not medically necessary.

**Roxicodone 30mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; On-going Management of Opioid use; Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Outcome Measures, Dosing Page(s): 78,81,86.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. There is no record of random urine drug screen program in accordance with the MTUS and other guideline recommendations. Work status is not addressed specifically, and return to work is a critical outcome measure per the MTUS. Roxicodone is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.