

<b>Case Number:</b>	CM14-0052610		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/01/2002
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

The patient is a 44 year-old female with date of injury 01/01/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/05/2014, lists subjective complaints as ongoing chronic, severe neck and low back pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinals bilaterally with radiating pain to upper extremities and shoulders. Spasms and muscle guarding were also noted. Range of motion was decreased in all planes due to pain. Diagnosis: 1. Rotator cuff sprain 2. Postlaminectomy syndrome, lumbar 3. Intervertebral lumbar disc disease without myelopathy, lumbar 4. Enthesopathy of hip region 5. Degeneration lumbosacral intervertebral disc 6. Cervicalgia 7. Lumbago 8. Brachial neuritis 9. Thoracic neuritis 10. Degeneration cervical intervertebral disc 11. Pain in joint, shoulder region. The medical records supplied for review document that the patient has been taking the following medications at least as far back as 6 months ago. On 03/07/2014, the request for oxycodone was modified to #90. Medications: Oxycodone HCL 15mg, #120 SIG: 1 by mouth four times a day and Soma 350mg, #30 SIG: 1 by mouth two times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 15mg 1 by mouth four times a day as needed for severe breakthrough pain #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The patient was supplied with 90 oxycodone tablets through authorization of a modified request from the primary treating physician. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Oxycodone is not medically necessary.

**Soma 350mg #30 1 by mouth twice a day as needed for spasms, 2 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350 mg is not medically necessary.