

<b>Case Number:</b>	CM14-0061633		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/02/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 60-year-old male with a reported injury on 07/02/1999. The injured worker was a full time cattle hand and was pushing cows when one of the cows backed up trying to get away. The injured worker twisted to his left while he was trying to hold the cow and slipped on wet cement, landing on his hands and jamming his previously injured back. His diagnoses include status post interbody fusion of L3-4 and L4-5, radicular symptoms, postoperative CT myelogram of the lumbar spine, history of chronic gastritis from NSAID use, neuropathic burning pain in the lower extremities. There was no evidence of previous treatments, to include physical therapy or a home exercise program. The injured worker did have an attempt with the NSAIDs but they caused gastrointestinal upset. The injured worker had an examination on 04/03/2014 with complaints of severe back pain and muscle spasm. He continued to complain of constant burning sensation in both of the extremities. He has had previous trials of Neurontin and Lyrica which were not helpful. He rated his pain at a 7/10. Upon his examination, his lower back did reveal limited range of motion with forward flexion of 30 degrees, extension at 10 degrees; right and left side bends are at 80 degrees causing right-sided back pain that radiated into his right buttock and posterior thigh. It was reported a sensory loss at the right calf and bottom of his foot and he ambulated with a slight limp. His medication list included OxyContin, oxycodone, Zantac, trazodone, and Soma. The recommended plan of treatment was to refill his medications due to the fact that he reported 50% functional improvement while taking his medications. He also was given a multidisciplinary pain consult. The Request for Authorization was signed and dated for 04/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

**Decision rationale:** The request for the oxycodone 30 mg is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation, to include pain relief, side effects, physical and psychosocial function, and the occurrence of any potentially aberrant or nonadherent drug related behavior. Guidelines also recommend discontinuation of the opioids if there is no overall improvement in function or there is a decrease in function. The guidelines state that for chronic back pain opioids do appear to be efficacious but limited for short term pain relief, long term efficacy is unclear past 16 weeks but also appeared to be limited. The injured worker rated his pain at a 7/10 with his pain medications, though he did report a 50% improvement in function with medications. There was a side effect of non-specific gastrointestinal upset that was noted. There was a lack of documentation and evidence of physical and psychosocial functioning deficits and improvement. There was no evidence of conservative treatments, such as physical therapy or a home exercise program. There was no urine drug screen provided to be able to monitor the potential aberrant or nonadherent drug related behaviors. The injured worker has been taking oxycodone at least since 07/15/2010 and there has not been evidence of trials of weaning and tapering. Furthermore, the request does not specify directions as far as frequency and quantity. The clinical information failed to meet the evidence-based guidelines for the request for the oxycodone. Therefore, the request for the oxycodone 30 mg is not medically necessary.

**Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

**Decision rationale:** The request for Soma 350 mg is not medically necessary. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long term use. It has been suggested that the main effect of Soma is due to generalized sedation and treatment of anxiety. Soma is not recommended for longer than a 2 to 3 week period. The efficacy of this medication was not provided, though the injured worker did say in general that he had 50% of increase in function while he is on his medications. The injured worker has been on this medication at least since 07/15/2010 which exceeds the recommended duration of time for this medication. The request does not specify directions as to frequency and quantity. The

clinical information failed to meet the evidence-based guidelines for the request of the Soma. Therefore, the Soma 350 mg is not medically necessary.