

<b>Case Number:</b>	CM14-0087838		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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 38 year old female who sustained an injury on 04/16/10. No specific mechanism of injury was noted. The injured worker was followed for ongoing chronic pain with multiple medications including Percocet and Soma. The injured worker was evaluated on 05/02/14 which indicated the injured worker was utilizing Percocet 10/325mg at three to four tablets per day. The injured worker was working on reducing her overall medication intake. The injured worker indicated that with medications her overall activity levels were increased and she was able to tolerate longer periods of sitting and standing. The injured worker was attending individual psychotherapy as of this visit but was considering stopping these therapy sessions. Pain scores were 4/10 in severity. Physical examination noted tenderness in the mid neck and right upper trapezius and some tenderness in the lumbar spine in the paraspinals. There was limited but functional range of motion in the neck and low back. No motor weakness sensory deficits or reflex changes were noted. The follow up on 06/27/14 noted some improvement in terms of pain scores at this visit. Physical examination findings did not substantially change. Opioid screens were appropriate. The requested Soma 350mg, #40 and Percocet 10/325mg, #180 was denied by utilization review on 05/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Soma 350mg quantity 40, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

**Percocet 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Opioids, Specific Drug List; Weaning of.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** This reviewer would not have recommended the request for Percocet 10/325mg, #180 as medically necessary. Based on clinical documentation submitted for review the injured worker was utilizing Percocet up to four tablets per day which would indicate a total need for this medication at a quantity of 120 per month. The requested 180 tablets would be considered excessive given the prescribed usage of this medication. The request is not specific in regards to the frequency of use of Percocet and although the clinical documentation noted some functional improvement with this medication as recommended by guidelines the amount requested would be considered excessive based on the frequency established in the clinical documentation. Therefore this reviewer would not have recommended this request as medically appropriate.